





Digitized by the Internet Archive  
in 2014











TWENTY-SIX WEEKLY NUMBERS.—FEBRUARY, 1857, TO AUGUST, 1857.

---

THE

BOSTON

MEDICAL AND SURGICAL  
JOURNAL.

EDITED BY

W. W. MORLAND, M.D., AND FRANCIS MINOT, M.D.

---

VOLUME LVI.

---

**Boston:**

DAVID CLAPP, PUBLISHER AND PROPRIETOR,

CORNER OF WASHINGTON AND FRANKLIN STREETS.

1857.

U.S.  
NATIONAL  
HISTORICAL  
LIBRARY



T10

B716

v. 56



# INDEX TO THE FIFTY-SIXTH VOLUME.

- ABBOT, Dr. S. L. -Oxide of zinc in night sweats, 248  
 Abortion, case of, 60; report on criminal, 282, 346, 386, 503  
 Abscess of the liver, with tuphlo-enteritis, 242; pulmonic, 421  
 Aconite, poisoning by, 453  
 Addison's disease, case, with autopsy, 480  
 Advertisements, questionable, 125  
 Ainsworth, Dr. F. S. Sickness and death of Dr. E. K. Kane, 129; appointment to the chair of Physiology and Pathology at Pittsfield, 426  
 Allen, Dr. C. P. Arm presentation and evisceration of the fœtus, 397  
 Amaurosis, 64  
 American Association for the Advancement of Science, 527  
 American Med. Association, 68, 183, 126, 265, 363, 424; Transactions of, 67, 68  
 American editors of European works, 115, 189  
 Amputation at the hip joint, 368  
 Amylene, a new anæsthetic agent, 48, 83, 135, 187, 268, 288, 388, 457  
 Aneurism of the arch of the aorta, 354  
 Anthrax, 461  
 Antimony, tartrate of, in colic, 326  
 Antiphlogistic salt, 278  
 Apparatus for fractured clavicle, 355  
 Arm presentation and evisceration of the fetus, 397  
 Arsenical preparations, 458  
 Arsenic, taken instead of magnesia, 288  
 Arsenic-eating, 106  
 Artist to the Mass. Gen. Hospital, 287  
 Artificial pupil in irido-choroiditis and glaucoma, 309  
 Ascarides, 60  
 Ascaris lumbricoides, 409  
 Asphyxia, fatal tendency of the warm bath in, by Dr. Marshall Hall, 34  
 Asthma, treatment of, 158; hay, 316, 528  
 Atropine, general effect of when applied to the eye, 201  
 Barnes, Mr. Isaac O. Letter on the "National Hotel Sickness," 371  
 Barton, Dr. Thomas F. Case of pseudo-membranous croup, 32  
 Bates, Dr. Wm. R. Membranous croup, 395  
 Bell, Dr. John. Haschisch, or Cannabis Indica, 209, 229  
 Belladonna versus scarlatina, 241, 282  
 Bellevue Hospital, New York, 487  
 Bigelow, Dr. Jacob. On the death of Pliny the Elder, critical notice of, 382  
 Bismuth, sub-carbonate of, 524  
 Bleeders, family of, 500  
 Blind, Institution for in New York, 288  
 Bloodletting in epilepsy, 528  
 Bloodroot in the treatment of cancer, 508  
 Boils, treatment of, 73  
 Boston City Physician's report, 66  
 Boston Dispensary, report for the first year, 507  
 Boston Society for Medical Improvement, 38, 61, 73, 140, 201, 238, 296, 340, 356, 378, 398, 420, 479, 498  
 Boston Society for Medical Observation, 58  
 Boston Society of Natural History—department of Microscopy, 404  
 Bowditch, Dr. H. I. Paracentesis thoracis, 349  
 Boylston Medical Society's Prizes, 407  
 Brain, dimensions of, in an idiot, 28; disease of, 203  
 Bread, manufactory of genuine, in London, 467  
 Bristol District Medical Society, officers of, 148  
 Brown, Dr. J. B. Treatment of club feet, 89  
 Bryan's (Dr. James) Treatise on the Anatomy, &c. of the Ear, critical notice of, 502  
 Calculus, vesical, in a woman, extracted by the urethra, 38; from a mink, 163; in the bladder, 479  
 California State Medical Journal, 26  
 Cancer, of the stomach, terminating in perforation, 481; Dr. Fell's cure for, 482  
 Cancerum oris, 120  
 Cannabis Indica, 209, 224, 229, 315

- Cataract, pyramidal, 72 ; in a mother and four children, 423  
 Carbonized biscuit, 266  
 Carcinoma uteri, 424  
 Cases and Notes, 169, 193  
 Casey, Dr. W. B. Peritonitis from perforating ulcer, 96 ; new method of plugging the vagina, 134 ; etherization in convulsions, 177  
 Castration, new method of, 428  
 Catheterizing the larynx, 525  
 Censorship of the medical press, 324  
 Champney, Dr. S. Trowbridge, notice of the death of, 108  
 Channing, Dr. Walter. Case of morbid pregnancy and labor, 109 ; Cases and Notes, 169, 193 ; Spiritualism, 333, 453 ; death after taking laudanum—poisoning by aconite, by alleged spiritual communication, 449  
 Charleston, S. C., mortality of, 188, 228  
 Children lost in New York, 428  
 Chlorate of potash in pseudo-membranous angina and croup, 489  
 Churchill (Dr. Fleetwood) on the Diseases of Women, critical notice of, 322  
 Cinchona bicolorata, 488  
 Circumcision, hæmorrhage after, 284  
 City Registrar of Boston, report of, 166  
 Clairvoyance, 389  
 Clarke, Dr. A. Bryant, on Cannabis Indica, 316  
 Clavicle, apparatus for fractured, 355, 407, 468 ; fracture of, treated by position, 388  
 Club feet, treatment of, 89  
 Coffee, abdominal pain caused by, 340  
 Colchicum, poisoning by, 78  
 Colegrove, Dr. B. H. Extraction of a copper coin from the œsophagus, 514  
 Collodion, preparation of, 120  
 Colon, ulceration and perforation of, 398  
 Comstock, Dr. Joseph. Somnambulism and clairvoyance, 389  
 Contributions to our pages, 284  
 Convention of medical editors, 165  
 Convulsions, etherization in, 33, 61 ; administration of medicines in, 60  
 Cooked or raw meat ? 69  
 Cox, Dr. Edw. Jenner. Treatment of the night sweats of consumption, 198  
 Craniotomy, case of, 376  
 Crimean army, mortality of from sickness, 308  
 Croup, case of pseudo-membranous, 32, 100, 395  
 Cutter, Dr. Ephraim. *Veratrum viride*, 509  
 Delano, Dr. M. F. Aneurism of the arch of the aorta, 354  
 Dental convention, American, 527  
 Dentistry, in England, 48 ; American, in Paris, 106, 206 ; and the microscope, 268  
 Dewey, Dr. Geo. M. Case of excessive liquor amnii, and dropsical fœtus, 457  
 Digitalis, in certain affections of the bowels, 140  
 Double vision, treated by tenotomy, 456  
 Dysphagia, 280  
 Eclampsia, 121, 178  
 Editors, medical, convention of, 165  
 Ellis, Dr. Calvin. Case of extra-uterine foetation, 329  
 Encephaloid disease of the breast, 422  
 Epilepsy, by Dr. Ed. Brown-Séquard, 54, 112, 155, 174, 216, 271, 338, 433, 473  
 Epistaxis, method of stopping, 62  
 Epithelial cancer, 422  
 Erysipelas, 242  
 Erysipelatous sore throat, 63  
 Ether, as an antidote to chloroform, 86  
 Etherization in convulsions, 33, 177  
 Extra-uterine foetation, remarkable case of, 329  
 Fee-tables, judicial decision concerning, 488  
 Fell's (Dr. J. Weldon) mode of cure for cancer, 482  
 Fish, eyeless, of Mammoth Cave, 37  
 Fiske Fund prize dissertations, 387  
 Flint's (Dr. Joshua B.) Introductory Lecture at the Louisville City Hospital, critical notice of, 182  
 Foetation, extra-uterine, 329  
 Foreign body in the urethra, 421  
 Fracture, compound, comminuted of the leg, 296 ; of the clavicle, treated by position only, 388 ; of patella, 318  
 Fraud, impudent, 447  
 Gage, Dr. Thomas H. Case of hernia strangulated by the neck of the sac, 94 ; cases of hernia, 131  
 Gall-bladder, adhesion of to the duodenum, with perforation, 357 ; perforation of, 499  
 Gestation at advanced age, 77  
 Gibbs's (Dr. Geo. D.) Contributions to the Trans. of the Path. Society of London, critical notice of, 42  
 Glaucoma, artificial pupil in, 309  
 Glycerine, in phthisis, 108 ; and borax in parched tongue, 288  
 Graduates of our medical schools, 243  
 Hæmatemesis, 240  
 Hæmorrhoids, cured by removal of foreign body from the rectum, 41  
 Hæmorrhage from the bowels in typhoid fever, 343  
 Hæmoptysis, importance of, as a sign of phthisis, 136  
 Handy, Dr. W. R. *Veratrum viride* in pneumonia, 256  
 Harvard Medical School, 506, 527  
 Harvard University, Medical Faculty of, 46



- Harrison, Dr. David, obituary notice, 287  
 Haschisch, experiments with, 209, 229, 315  
 Hathaway, Dr. John E., trial for mal-practice, 9, 25  
 Haven, Dr. S. F. Dr. Graefe's operation for artificial pupil, 309  
 Hay asthma, 316; treatment of, 528  
 Heart, influence of the par vagum upon, 36; hypertrophy of, 356  
 Healthiness of Paris and London, 428  
 Hermaphroditism, 402  
 Hernia, strangulated by the neck of the sac, 94; cases of, 131  
 Holland's (Sir Henry) Medical Notes and Reflections, critical notice of, 104  
 Homœopathy, its testimony against itself, 227, 321, 426, 504; experience in, 469  
 Horn, growth of a, 201  
 Hospital, free, in Boston, 44, 122, 246, 264, 305  
 Hour-glass contraction, embracing both placenta and child, 176  
 Houston, Texas, as a residence for consumptives, 326  
 Hullihen, Dr. death of, 208  
 Hydrate of potash, 307  
 Hydrocele, treated by red oxide of mercury, 423  
 Idiotic and Imbecile Youth, Ohio Institution for, 388  
 Imperforate rectum and penis, 519  
 Impetigo figurata, 458  
 Income of the London Hospitals, 186  
 Inflammation, diffuse, deep-seated, of the thigh, 341  
 Ingalls, Dr. Wm. Record of obstetrical cases, 269  
 Insanity in Indiana, 48  
 Intermaxillary bone, 479  
 Intestine, rupture of, from kick of a horse, 489  
 Jackson, Dr. G. F. Gestation at advanced age, 77  
 Jackson, Dr. J. B. S. Oxide of zinc for profuse night sweats, 294  
 Jenner monument, 528  
 Jewett, Dr. H. C. Poisoning by strychnia treated by inhalation of chloroform, 491  
 Joints, sudden and transient painful affection of, 460  
 Kane, Dr. E. K., sickness and death of, 129  
 Kentucky State Medical Society's Transactions, critical notice of, 103  
 King, Dr. Henry. Experience in homœopathy, 469  
 Kirkes's (Dr. Wm. Senhouse) Manual of Physiology, critical notice of, 523  
 Kneeland, Dr. S., Jr. Spina bifida, with malformation of the genitals, 29; case of pemphigus, 76  
 Knight, Dr. N. J. Etherization in convulsions, 33  
 Latin prescriptions, 145  
 Laudanum, death from, 449; poisoning by, 526  
 Laveock (Dr. Thomas) on Medical Observation and Research, critical notice of, 102  
 Lead disease, from assorting types, 422  
 Life Insurance Co., verdict against, 485  
 Liquor amnii, large quantity of, with drop-sical foetus, 457  
 Livezey, Dr. A. Veratrum viride, 138  
 London, healthiness of, 428; hospitals, income of, 186  
 Longevity, records of, 328  
 Ludlow's (Dr. J. L.) Manual of Examinations, critical notice of, 362  
 Lumbago, cases of, so-called, 284  
 Lumbricus, attached to a dress hook, 163; expulsion of, 409; expelled by bismuth, 445  
 Maine Medical Association, 406  
 Mal-practice, trial for, 9, 25, 148  
 Massachusetts census statistics, 508  
 Massachusetts Medical Benevolent Society, 183, 507  
 Massachusetts Medical College, commencement at, 146; graduates at, 148; prizes of, 427  
 Massachusetts Medical Society, 45; annual meeting of, 383  
 Massachusetts Registration Report for 1855, critical notice of, 462  
 Massachusetts State Lunatic Hospital, 225  
 McCormac (Dr. Henry) on the Nature, Prevention and Treatment of Pulmonary Consumption, critical notice of, 521  
 McClintock, Dr. Jas. appointment of, 467  
 Measles of the pig, 408  
 Meatus urinarius, irritable tumor of, 60  
 Medical Relief Society, 67  
 Miami Medical College, 128  
 Microscopy, 406; instructions in, 26  
 Middlesex South District Medical Society, officers of, 248  
 Miscarriage, unusual length of umbilical cord, 479  
 Missouri State Luntic Asylum, 88  
 Mitral valve, ossification of, 318  
 Montgomery, on the Signs and Symptoms of Pregnancy, critical notice of, 359  
 Morland, Dr. W. W. Ejection of lumbrici from the mouth—impaction of the small intestine with lumbrici, 409  
 Mortality of Boston, in 1856, 185; of Charleston, 188  
 Mussey's (Dr. R. D.) Fractures of the Neck of the Thigh Bone, critical notice of, 403  
 National Hotel, sickness at, 305, 371, 422  
 Needle-mania, case of, 107

- New Hampshire Medical Journal, comments on the Report upon Criminal Abortions, 503
- New Hampshire State Medical Society, 468
- Newman's (Dr. A.) case of labor, 285, 465
- New Orleans, sanitary commission of, 144
- New Orleans School of Medicine, 467
- New York University, medical department of, 128
- New York Medical College, 128
- New York State Lunatic Asylum, 268
- New York State Medical Society, critical notice of Transactions of, 438
- Night sweats of consumption, treatment of, 198, 249, 294
- Nipple shield, Parker's, 426
- Nitrate of silver, discoloration of the skin by, 525
- North American Medico-Chirurgical Review, 27
- Nottingham's (Mr. John) Diseases of the Ear, critical notice of, 439
- Noyes, Dr. J. F. Double vision treated by tenotomy, 456
- Nursery and Child's Hospital in New York, 428
- Obstetrical case, unique, 168
- Obstetrical cases, record of, 269
- Oesophagus, extraction of a coin from, 514
- Ohio Institution for the Idiotic, 388
- Ohio Medical College, 467
- Ohio, mineral waters of, 221
- Ohio State Medical Society, 466
- Ophthalmological Congress, 246
- Orchitis, 248
- Orton, Dr. John G. Amylene, 457
- Os uteri, rigidity of, 75
- Otto's (Dr. F. J.) Manual for the Detection of Poisons, critical notice of, 442
- Ovarian disease, 79
- Ovarian dropsy, new mode of treatment, 348
- Ovariectomy, 202; case of, 140
- Oxide of zinc in night sweats, 249, 294
- Pain, abdominal, caused by coffee and tea, 340
- Palate, cleft, successful operation for, 369
- Palmer's patent leg, 286
- Pancreas, cancerous disease of, 164
- Paracetes is thoracis, 349
- Paris, healthiness of, 428
- Parker's patent ventilating nipple shield, 426
- Parotid tumors, 288
- Patella, fracture of, 318
- Pathological specimens, mixture for preserving, 368
- Pemphigus, 76
- Pennsylvania Hospital for the Insane, 126
- Pen-knife, blade of, in the head, 527
- Pepsine, 368
- Perforation of the colon, 398
- Perinæum, cure of laceration of, by operation, 48
- Peritonitis, from perforating ulcer, 96, 159
- Pessary, intra-uterine, 178
- Peters, Dr. Samuel. Rigidity of the os uteri, 75
- Philadelphia College of Medicine, 528
- Phthisis, glycerine in, 108; importance of hæmoptysis as sign of, 136
- Physicians, indigent or disabled, relief of, 46
- Pig, measles of the, 408
- Pineo, Dr. P. Craniotomy, 376
- Pistol balls suspended from the pleura, 420
- Placenta, retained, 58; prævia, 318
- Plagiarism, 447
- Pneumonia, veratrum viride in, 256
- Poisoning, by colchicum, 78; by strychnia, 368, 491; Marshall Hall's treatment in, 266; by laudanum, 449; by aconite, 453; by arsenic, 288
- Polypus of the rectum, 358; of the uterus, 162
- Pork, raw, as an article of diet, 23
- Porpoise, embryonic condition of the jaw of, 37
- Poverty versus medical treatment, 105
- Pregnancy, morbid, and labor, 109; tubular, 378
- Providence Medical Association, Transactions of, 159, 177, 318
- Prurigo, 108
- Puerperal convulsions, prophylaxis of, 87
- Puerperal fever, 429; and erysipelas, 423
- Purpura, 423
- Purulent absorption, 341
- Quarantine convention at Philadelphia, 205, 323, 366
- Read, Dr. Wm. Laceration of the perinæum, cured by an operation, 48
- Rectum, polypus of, 358
- Redfield, Mr., death of, 106
- Relief of indigent and disabled physicians, 46
- Re-vaccination, experiments in, 244
- Reyburn, Dr. Thomas, death of, 428
- Rhode Island Medical Society, officers of, 448
- Rhode Island Registration Report, 64
- Rigby (Dr. Edward) on the Constitutional Treatment of Female Diseases, critical notice of, 179
- Royal Benevolent Medical College, 528
- Rum, fatal effects of, in an infant, 99
- Salter, Dr. R. H. Stramonium in puerperal convulsions, 149
- Sanborn, Dr. E. K. Successful operation for cleft palate, 369
- Sanford, Dr. E. Controversy with Dr. Newman, 285, 465
- Scapula, disarticulation of, 28
- Scarlatina, 63; unusual sequela of, 201
- Seaverns, Dr. J. Fatal effects of rum in an infant, 99
- Self-medication, quack publications, 433

- Séguard, Dr. Edward Brown. Experimental and clinical researches applied to physiology and pathology, 54, 112, 155, 174, 216, 271, 338, 433, 473; award of Queen's prize to, 526
- Smith, Dr. I. N. Large calculus in the bladder, 479
- Smith's (Dr. Francis G.) Experiments upon Digestion, critical notice of, 501
- Somnambulism and clairvoyance, 389
- Spina bifida, case of, with malformation of the genitals, 29
- Spiritualism, 333, 453
- Statistical Report of the Sickness and Mortality of the U. S. Army, critical notice of, 259, 327
- Steele, Dr. H. S., obituary notice of, 237
- Stillé's (Dr. Alfred) Unity of Medicine, critical notice of, 42
- Stilwell, Dr. C. S. Treatment of asthma, 158; imperforate rectum and penis, 519
- Stramonium, in puerperal convulsions, 149
- Strychnia, its uses and abuses, 84; treatment in poisoning by, 266; case of poisoning by, 368, 491
- Suffolk District Medical Society, social meeting of, 27; proceedings of, 63, 280, 458; officers of, 248
- Super-fœtation, 326
- Supra-renal capsules, functions of, 37; congenital absence of, 325; case of disease of, 480
- Surgeon-General's Report, 259, 327
- Tea, abdominal pain caused by the use of, 340
- Tendons, painful crepitation of, 239
- Tewksbury, alms-house at, report of physician of, 265
- Thalberg, Mr., and the medical profession, 186
- Tharp, Dr. J. Hour-glass contraction, 176
- Todd (Dr. Robert Bentley) and William Bowman, on the Physiological Anatomy of Man, review of, 301
- Todd's (Dr. Robert Bentley) Clinical Lectures on Diseases of the Urinary Organs, critical notice of, 323
- Tonsils, excision of, 238
- Tracheotomy, for removal of a pebble, 82
- Transposition of thoracic and abdominal viscera, 408
- Tubular pregnancy, 378
- Tumor, recurrent, of the orbit, 40, 201; of the mcatus urinarius, 60; ossified fibrous, of the uterus, 143; vascular, of mcatus, 161; fibrous, of the uterus, 163; in the parotid region, 288; from the back of the head, 296; encysted, of the eye, 340; of the face and orbit, 420
- Tuphlo-enteritis, 242
- Typhoid fever, epidemic of, in Tennessee, 28
- Umbilical cord, total absence of, 86; fusion of the surfaces of contiguous loops of, 144
- United States Army medical staff, 468
- Urethra, foreign body in, 421
- Uterine hæmorrhage, 418
- Uterus, ossified, fibrous tumors of, 143; absence of, 297; rupture of, 422
- Vaccination, 492
- Vagina, new method of plugging, 134, 418; absence of, 297; occlusion of, 298; discharge from, of numerous large bodies of epithelial formation, 299
- Valerian, Shaker extract of, 506
- Valerianate of ammonia, 519
- Veratrum viride, use of, 138; in treatment of pneumonia, 256; as an arterial stimulant, 309
- Vienna, medical school of, 448
- Warren, Dr. J. Mason. Tumors in the parotid region, 288
- Weedon, Dr. H. M. Apparatus for fractured clavicle, 355
- Weeks, Dr. Charles M. Case of croup, with expulsion of false membrane, 100
- Weights and measures, 184
- Wellman, Dr. James B. Amylene, the new anæsthetic, 135
- Willard, Dr. E. R. Puerperal fever, 429
- Williams's (Dr. Charles J. B.) Principles of Medicine, critical notice of, 523
- Williams, Dr. H. W. Pyramidal cataract, 72
- Wine, cost of in London hospitals, 448
- Winslow, Dr. C. F., on the treatment of boils, 73
- Winslow's (Dr. Forbes) Lettsomian Lectures on Insanity, critical notice of, 319
- Woollen clothing, 517
- Zinc, escharotic action of sulphate of, 494





# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. LVI.

THURSDAY, FEBRUARY 5, 1857.

No. 1.

---

## TRIAL FOR MALPRACTICE.

[Communicated for the Boston Medical and Surgical Journal.]

*Supreme Judicial Court. November Term, 1856. AUGUSTUS VOLMUTH versus JOHN E. HATHAWAY. Action of Tort for alleged Malpractice. Ad damnum, \$10,000.*

For the Plaintiff—H. W. PAINE and L. GRAY, ESQRS.

For the Defendant—R. H. DANA, JR. and W. W. WINTHROP, ESQRS.

THIS was an action brought against a physician and surgeon of Worcester, Mass., to recover damages for alleged malpractice in the treatment of a fracture of the bones of the fore-arm. The trial, which took place in Boston, before his Honor Judge MERRICK, commenced in the forenoon of January 13th, extended through that day and the next, and on the following morning was brought to a sudden conclusion, in a manner so striking and unusual in itself, as well as triumphant to the defendant, that the case has been invested with a peculiar interest, both to the profession and to the community. This was the first trial of the kind in this Commonwealth, since the enactment of the law of June, 1856, providing that parties may be witnesses. The clear and convincing statement of the defendant, as well as his admirable bearing on the stand, during a thorough examination and cross-examination of more than two hours, contributed in great part to the favorable and decisive result of the action. The material evidence in the case, as taken from the notes of the defendant's counsel, was in substance as follows.

### PLAINTIFF'S TESTIMONY.

*Augustus Volmuth* (German).—Have lived six years in this country. Live in Boston—did live in Worcester. Am 23 years old. Did not know Dr. H. before accident. Was exercising and fell. Put my hands behind me and fell on them. Was taken to a house near by. Dr. H. came first. Dr. Kelly came when arm was set. Dr. H. came in twenty-five minutes or half an hour after bones broken. Arm not swollen any when Dr. H. came. He set

arm, put it in a sling, and took me to boarding-house and put me in bed. They pulled on my arm, and Dr. H. put on two boards, shingles, one and a half inches wide, from elbow to ends of fingers. Thumb was all squeezed in—shingle went over thumb. In eight weeks or so, thumb all dried up and skin loose. Doctor cut off dry skin. Cut off skin at his office. He put cloth between wood and thumb. After nine weeks, he cut off end of one board, it hurt me so much. At first dressing, the bandage was as tight as he could put it on. Hand swelled to ends of fingers. Fingers twice as thick as usual. I suffered pain—not much—in fingers, as too tight. First felt pain in fingers on second day. Began to swell first day. On second night so much pain in fingers I couldn't stand it. I told doctor, and he said it made no odds—it was nothing—would be over in a few days. Doctor came first, second and third day, then told me to get up. Then he opened arm, took everything off, and looked at it, felt of it, and put on bandage, &c., as before. Gave me no particular directions. On fifth day opened arm as before, and examined it. Opened arm six or seven times in first two weeks. Then I began to go to his office. I asked if I could go to his office, as it would cost less. He said "all right." Went to office three times a week for a while. Arm opened first time. Some weeks he opened it twice a week. Said it "would get along well by and by." He always felt of it and examined it. Arm was cracked for seven or eight weeks after broken. Told me, as often as I came to office, to eat as much meat as I could, and arm would unite. He said I didn't eat meat enough. Treated me twelve weeks, about. When last at office told me to go to work, for a week, or fortnight, or month, and then, if not better, to call again at office. He would then take out the splinter, as there must be a splinter there, and arm would unite better. Said nothing else. Went home and told friends, and all said best I could do was to go to Dr. Roesler. When last at office could not move fingers, were all stiff; could only bend them a little. There were some small blisters on back of hand. That was all. Could not raise arm to head. Could not turn arm then as much as now. When I went to New York could only bend fingers a little, except with other fingers. Flesh was all gone on arm. Arm wasted to half size. Was skin and bone. Had been so ever since Dr. H. had treated arm. Was so about two weeks after treatment began. Arm tied so tight, became all blue. Showed Dr. Roesler my arm. Stayed with him three months. Had been in New York twelve or fourteen days when he performed operation. Dr. Fischer, Dr. Katzenmeyer and some others present. On return from New York, stayed about a week in Worcester, then came to Boston. Did no work after accident. Used arm for no purpose. Both shingles were on nine weeks—then one only. When last at doctor's office had starch bandage on. He removed the starch bandage one week after put

it on, cut it open and felt of arm, and slipped it on again. Skin went all off back of hand about four weeks after accident. Had arm in sling twelve weeks. No one else touched it. I followed doctor's directions. My Society thought it best to have watchers. Hand was swollen for nine or ten weeks after breaking. About two weeks after it, doctor gave me medicine. No dressing ever put on; but doctor put on shingles, splinters, and drew a blister where arm was broken. This blister was after eight or nine weeks. Kept on two days. Doctor gave no reason for it. When he took off blister, he cut the places with scissors and let out water. After return from New York, saw Dr. H. in Worcester. He asked me how arm was. I said not much better, and he asked to look at it. He asked what the cut in the arm was. Told him doctors in New York operated on it. He said, "didn't I tell you to call at my office, if your arm was no better? I could have cut on it as well as those doctors in New York." He said he was sorry for the accident. This was all that was said. I was very healthy before accident.

*Cross-Examined.*—Born in Bavaria. Am gunsmith. Worked in Allen & Thurber's pistol shop at time of accident. Boarded at Mayberger's two weeks. Belong to Turnverein Society. Can't tell at what end doctor began to wind bandage. He cut end of splinter off to ease thumb, eight or nine weeks after accident. Never paid doctor anything for services. He did not send me a bill. Doctor put no liniment or salve on arm. He gave me some bark after about two weeks. Friends sat up ten nights with me. I only drank once, on Fourth of July. Then Mayberger and me drank a little beer. Went to New York by steamboat, Norwich and Worcester line. Friends said Dr. Roesler was the best doctor—they knew him in the old country. He advertised when he moved from Broadway to Canal St. Boarded and lodged with him three months. No other patients did so. In bed four weeks, and three months before went out of house. Dr. R. said it was a poor-looking arm, and was not set. He called other doctors, and all agreed on operation. No one advised me to bring this suit. I live now at 602 Washington St., at Fred. Siegler's. Keeps a boarding-house and has lager beer for boarders. At last visit doctor told me to do light work. Never tried to lift with my hand. Allen & Thurber did not turn me away. Made no charge against me. Searched my trunk, but found nothing stolen. Members of Turnverein believe in God and the Bible. Know of no votes or propositions on religion or churches, &c. Came to Boston because had friends here. Sued Dr. H. here. Came here partly for the purpose of bringing suit. Didn't pay Dr. H., because he didn't make up my bill. I then went to New York, because friends advised it. Didn't do a little work, as Dr. H. advised.

*Dr. Roesler* (German. This witness and the next were examined



through *S. Urbino*, as interpreter).—Physician for seventeen years at Wirttemberg, and then for four years at New York. First saw plaintiff in September, 1855, at my office. Investigated injury. Saw no external wound. The skin was kind of peeled away, but there was no regular wound. There was a *gangrenous ulceration* about lower part of thumb. Skin of back of hand between fingers had a *gangrenous* appearance. The radius was separated. The ulna was as if broken and cured again, but was not in regular shape, and as it ought to be. He could not move his thumb and fingers, but I could. The first thing was to heal the gangrenous ulcerations. Then the first thing was an operation, as it was impossible to replace the arm; it was too late. Made the operation seven, eight, or ten days after I saw him. Operation was a re-section. Three surgeons present. It was necessary to cut off two ends and set them together again, as they were sick. I have the pieces cut off. (Two pieces of bone, of a dark color, between an inch and a half inch in length, were here produced; one quite conical, with the apex well rounded, the other also conical, with a pointed apex, but on one side presenting a rough, jagged surface, as if an irregular fragment had been broken off.) If we had not cut these off, the arm would never have healed again. One was beginning to be attacked by caries, and if that has taken place, arm never can be joined together again. Pieces of bone look now of same color as when taken out. At incision, courses of *fistules* were found next the bone, which the surgeon must take out. They were destroyed. After operation, put on bandage to keep parts in regular form and position. The bone (radius) was united before he left New York. He had a fever and was very sick, and we gave him medicine. When he came to me the ulna was twisted. There was a want of rotary motion in the radius, because it had not been united. The want of it now is because the soft parts were destroyed near the broken part, and because of the fistules. Fistules were occasioned by bones not uniting, then when bones ulcerate, the fistules appear. If bandage too tight, circulation becomes impossible and ulcers come forth. If pieces of bone had not been cut off, the result would have been that the caries would have increased, and amputation become necessary. In case of fracture, bandage should be neither too tight nor too loose, but one which prevents all movement. A little swelling of hand not improper. Hand will swell without bandage. The two ends of bone were found to be half an inch apart. The fracture was not difficult to cure, if no other circumstances made it difficult. In a healthy patient, of twenty-one years, five or six weeks is the ordinary time for a cure. The bandage should not be removed until five, six or eight days, unless extraordinary circumstances require it. Should not be often removed, unless there is a wound, or swelling, or pain. If both bones are broken, good practice requires four splints. Plaintiff's arm very much now

as when he left me—bones a little stronger. When he came to me, the arm was of full size, except broken part of radius, which was swollen by the bandage, but it was possible easily to feel the broken part through the flesh. In the operation I was assisted by Drs. Fischer, Katzenmeyer and Schuberg.

*Cross-Examined.*—Keep an apothecary shop in New York, Canal St., corner of Allen St. Advertise only when I change my residence. Not a member of New York State Medical Society. Am only a member of a German Medical Society. Practise entirely among Germans. Perform a great many operations—few do as many as I do. Do not know what previous treatment of arm was. It was in a miserable condition when it came to me. There was inflammation, which began to be gangrenous on lower part of arm and fingers. Arm somewhat swollen. Could not see fracture from outside. After bone is cut off, the blood in it grows darker. I use four splints for fractures. The operation has shortened the arm three fourths of an inch. When he came, there was no opening in the arm. Gave him medicine for the fever which followed operation—quinine, phosphoric acid and cinchona. Gave cooling medicine during fever; when fever declined, and he was weak, gave strengthening medicines. After first week of fever, applied warm chamomile poultice, and put salves on wound. He was so sick he remained in bed four weeks; then I let him go about the room. He was two months in one room. The third month he went out into the open air. Have not been paid for the operation and nursing, but the Turnverein Society paid his board. While I had a hospital, I had boarders; only took plaintiff to board, because very interesting case. By gangrene I mean destruction and festering of the soft parts, where the upper part is sick, and separates from the lower. “Brandig” is the German word for gangrene. Soreness of the thumb was probably occasioned by too strong bandaging. Might be caused by splint pressing against it. I made only one cut. Found only one breaking of radius. Nothing materially wrong in ulna; direction a little wrong. After an operation of cutting off bone, arm always deformed. Radius and ulna can always be kept from coming together by a bandage. Arm cannot be better than it is now. He can pronate but not supinate. This is because the radius is shorter and callus has thickened; and because ulna not in right direction and bent a little. In similar cases of cut bone, patient cannot supinate. I never performed this operation before. The operation resulted better than I anticipated, though full strength will never come back to fingers. Am not disappointed with result. Plaintiff was in danger of his life about six days after operation. Continued so about a day and a half. Was twice out of his mind—a full night and a day. Friends inquired about him every day. Had a very high fever; was quiet and very weak. At place of cut, *common festering*



came out. At time of operation, plaintiff was a "healthy patient," so called. Pasteboard is better for splints than wood. Where both bones are broken once, and ulna unites in usual time, and radius not, it is an extraordinary case. Have kept tables of my operations. Ulna and radius generally unite together—do not differ in time of union by a week. Do not know a single case where radius has not united, when bones are rightly put together. Will unite in five to seven weeks. Longest time I have known in effecting union in properly-set radius is seven to eight weeks. Determined on an operation the first day I saw him. He told me his physician had dismissed him to go to work. I understood it as a dismissal. I did not communicate with defendant relative to the case. Object of cutting is to find new and healthy bone, with vitality. If there is caries in fractured bone, an operation is necessary beyond a doubt. This was a case of simple fracture of radius. Have had not less than twenty cases of simple fracture of both bones of fore-arm. I do generally correspond with the prior surgeon; but did not in this case, for reasons I prefer not to mention. The muscles which moved the thumb were affected or destroyed by ulceration and festering. No sound muscle was cut by me. I only cut out the sick parts of upper muscle. I used a chain saw. *Gangrenous ulceration* took place because the nourishment of hand and thumb had suffered, and the pressure on the thumb was so great that festering or ulceration took place, and scars were formed, and the muscles became weak. Ulceration and festering are the same thing. Extensor of thumb was pierced through with fistules. I did not cut it. Before I cut, there was no possibility of movement in the thumb, but there was movement afterwards. None before, because the nourishment of the lower arm had ceased. Present partial motion of extensor is owing to present soundness of muscles, which were sick before. Sick before, because the *joining of the fixing* of the muscles was not in order before. Knew this, because both ends of bone could be easily felt through flesh, which led to conclusion that there was a festering in the part of the muscle which moves the thumb.

*Dr. Katzenmeyer* (German).—Was educated at Munich; afterwards assistant physician at Heidelberg. Have practised two years here and one in Europe. Was present at operation. External appearance of arm atrophous—place of fracture slightly inflamed. Hand stiff and swollen, with traces of *gangrenous blisters*. Found one fracture of radius, and ulna united by callus—not united in direction of axis. From external appearance, came to conclusion that bone was not rightly set (*eingerichten*), and that the ends of the bone were carious. Concluded there was caries from the fluctuation and crepitation. Concluded that there should be a re-section, or an amputation of arm. I should have proposed amputation, but was convinced by the learning and experience of

Dr. Roesler, that the cutting off the ends should be first tried. Assisted at operation. Bone was laid open, and saw put to sick ends. After removing ends of bone, wound was drawn together and left open in the middle to allow of the efflux of fistula. Muscle of arm and ends of bone attacked by festering. No muscle removed from arm. Dr. R. took out about a spoonful of festering or matter. After operation, there was efflux of matter for several days. Saw plaintiff almost daily after operation. After operation, arm bound up with splints, and dressed, beginning from elbow. To prevent ulna and radius coming together, graduated compresses used. Arm placed in sling. Broken ends could not have been united without re-section. Could not have been a ligamentous union between ends. Impaired motion of thumb owing to weakening of muscles by festering. Fracture of radius simple. Simple fractures of fore-arm are easy to be known and treated. When plaintiff came to New York, not possible for him to attempt to labor. Arm not previously treated with care. In my opinion, radius never rightly set, for ulna not in right direction. As fracture was simple, could not but have been easily cured with proper treatment—*therefore*, I think it was not well treated. I ascribe the gangrenous appearance to tightness of bandage. Before operation, no motion of thumb. Present imperfect motion owing to shrinking and growing together of muscles. No part was cut or divided in the operation. Atrophous state of arm owing to too tight bandaging, which hinders circulation. Arm will never be restored to full use.

*Cross-Examined.*—Am physician, accoucheur and surgeon—office in Second Avenue, in New York. Do not sell medicines. Not a member of New York State Medical Society—belong to a German Medical Society. Have performed such an operation once, seen it several times. I use four splints for simple fracture of fore-arm—splints of pasteboard or gutta percha. Splints to be placed on four sides of arm. Greater safety in four splints. Not partner of Roesler; called at his house almost every day, because intimate with him. After operation, bandages, &c. removed ten times in three months. First removed in six weeks after operation. Took away portion of bandage every day to clean arm. At operation three splints were used, with a fourth divided across. The gangrene or festering on plaintiff's thumb and fingers, when I first saw him, was of dark color, and went through flesh to muscles. Dr. R. cured this, before operation, by external treatment only. Whole arm atrophous, caused by too tight bandaging. One of the fragments of bone was carious, the other resorbed. I should certainly have amputated on strength of external appearance of arm; because of atrophous condition of arm, because I knew there was caries, and because I knew there was formation of matter, or festering, in arm. All the bone that was affected with caries was cut off. Usual in surgery to amputate, or re-sect, for caries.

Resorption shows bad putting together of bones. In case of caries in hip, would re-sect, under most favorable circumstances. The German word for fistula is *eiterung*. Operation of re-section does not of itself produce bad effects on muscles.

#### DEFENDANT'S TESTIMONY.

*John E. Hathaway, M.D.*—Am 29 years of age. Have been in practice four and a half years. Was student at Medical College in Boston, four years as house-apothecary at Massachusetts General Hospital, and six months as house-physician. Paid particular attention to surgery, and saw nearly all the operations while at the Hospital. Have been City Physician in Worcester. On 30th of June, 1855, was called to plaintiff. On examination, found ulna broken once about the middle transversely, and radius broken in two places, at both obliquely; once nearly opposite fracture of ulna, and again rather more than an inch below. Found a wound in arm whence blood was issuing, evidently made by end of bone protruding through. Cleansed blood from arm and stopped bleeding. Placed lint on wound, and put adhesive plaster upon it, to retain it in place, and to shut out external air. Padded splints and arranged bandages, reduced bones by extension and counter-extension with assistance of bystanders, kneading bones into position with hand. Placed one splint on back of arm from elbow to tips of fingers; the other on front, from bend of elbow to middle of palm. Before applying lint, however, put finger into wound and took out two or three fragments or splinters of bone. While adjusting apparatus, Dr. Kelly came in. Seeing that bystanders appeared to recognize him, thought he might be their physician, so offered to give up case to him. He declined, but kindly offered to assist me. Took off splints, and let Dr. K. examine arm, and re-applied splints as before. Dr. K. and I got the bones into what we thought excellent position. Then applied roller bandage from fingers up to, and above, elbow. Bent arm (back splint having joint at elbow), placed it in sling, and suspended from neck. Placed plaintiff in my chaise and took him to his boarding-house. There had him undressed and put to bed. Took off sling and rested his arm on a pillow, in an easy position. Expressed himself easy and free from pain. Left him, with directions to keep quiet and avoid all stimulant. Told him, if arm felt hot and uncomfortable, he might apply cold lotions to ease it. Called next morning, found him sitting up; had been free from pain, but had applied cold water to arm in the night, to make it feel easier. Saw beer mugs all about room, with beer in some of them; also, on table near bed, a tumbler containing, apparently, port-wine sangaree. Reminded him of my directions to abstain from stimulant, and told him it was not safe to venture in that way. He said he had not drunk much. Examined arm, though not removing dressings. No swelling, such as often takes place; fingers



not swollen. Think I called again at night. Called next day, and next. Secured bandage with pins. On third day, removed apparatus. Wound was healing by granulation; washed arm and redressed wound; some slight oozing of matter from wound, with slight odor. Visited patient about once every day and a half, for ten or fourteen days; then three or four times a week. On sixth day, removed apparatus to dress wound. Found it nearly healed; closed, but not cicatrized; replaced splints, &c. After third or fourth week, patient visited me at my office. Up to this time, arm doing very well. No particular action, however, and I feared high fever, but there was not so much of this as I expected. By third week, fracture of radius had become simple, by healing of wound. Union, in ordinary cases, takes place in four to five and a half weeks. At end of five weeks, began to be anxious for union in ulna. Conferred with Dr. Gage and other surgeons about case. At end of four and a half or five weeks, found ulna firmly held together, and in six, or six and a half weeks, there was union. Of course it had not yet become solid bone, but such that splint could be moved in a week. Showed arm to Dr. Gage, asked him to examine it. Made patient hold up arm, and we looked across it. Arm in excellent shape. So little distortion in any part, that one could not tell, by sight, where fracture had been. Could find seat of fracture by feeling. After this conference, appointed early day for patient to come again. Then applied starch bandage. Patient called three or four days after. Cut up bandage in usual way, and took out the limb. Applied a stimulating liniment to arm; tincture of camphor, soap, and volatile oil, with a little capsicum. Also used friction. Repeated use of liniment with friction, for three or four next visits. After eight or nine weeks, radius had stiffened a little—at one place rather stiff; at the other, not so much so. Had in mean time given him a tonic, to be taken daily, before meals, known as “compound iron mixture.” At this time applied, over seat of fracture of radius, to excite action, a blister. At next visit opened it and let out matter, and told him to exercise in the open air, to get appetite, and to eat meat and nourishing food. At the end of another week, found indications of improved action; washed arm, applied alcohol, and re-adjusted starch case. At end of about a week, patient came again. This was his last visit. Examined arm, and found ulna very firm. Found some union of upper fracture of radius. His health was improving. Told him months, and even years sometimes, elapsed before perfect union in cases of compound, comminuted fractures—that he must not be discouraged, if he recovered slowly. Told him to flex his fingers, which were stiff from long disuse, and to lift light weights, and employ muscles of arm, in order to improve action. If he wanted an object, he might do some light work. Directed him to come again at end of ten days or a fortnight, and let me examine arm, and to continue calling, from time to time, till

well. Informed him that, if treatment did not result favorably, and Nature refused to work a cure, there was a last resort in an operation. At present, sufficient time had not elapsed, nor was his health strong enough to bear it. He assented, as if he understood my views. I had, in fact, taken pains from beginning, to explain my movements to him, in order that he might co-operate. As he went out, he asked how much my bill was. I replied, I had not made it out, but would have it ready for him at next visit. He never came again. At this visit, which was at end of eleventh or twelfth week, the shape of arm was good; fracture only to be found by feeling; arm somewhat reduced in bulk, but not wasted, and with the atrophous appearance which a healthy arm would have, when so long without exercise. Full motion nearly restored to fingers; could bend them, but not quite shut them. I could easily shut them myself. The front splint had been so wide that it had pressed against ball of thumb. Had put my director under it, and cut out a notch to ease thumb, and placed batting under the end. A little skin came off from thumb, where splint rubbed. The operation I referred to was the seton operation. Had seen it tried and succeed. Intended to perform it only as a last resort. Bandages, when first applied, were not tight, but firm. There was no unusual swelling of hand or fingers afterwards; and no complaints of pain from patient. Ulna generally unites sooner than radius, which has a double motion. At last interview, upper fracture of radius considerably united, which was an encouraging symptom for union of lower. Should have waited ten or twelve weeks more before using seton. Regulated his diet, because his health was below par. When he left, there was nothing on thumb but a little eschar; the skin had healed, but was not white. Between fingers, skin had been softened by perspiration. *No sign of gangrene anywhere, as we understand it.* At last interview, no sign of unhealthy bone at seat of fracture, and nothing to make me apprehend it. If there had been decaying bone, there would have been swelling of the limb, accompanied with pain, and an opening would have appeared. Felt no matter at seat of fracture. Matter would not have indicated dead bone. At last interview had no idea patient was going to withdraw himself from my treatment. Had heard no expression of dissatisfaction from himself or his friends. Some time after, asked some of the Germans why he had not been to see me, and was told he had gone to New York. Saw him a few minutes in the street, in Worcester, after his return. Saw scar and redness on his arm, which he said were made by the operation. Felt large callus. Asked him to pronate and supinate. He could do so but little. Expressed no dissatisfaction with my treatment; and I had no idea of any, till surprised by service of the writ in this case.

*Cross-Examined.*—Hole in integuments large enough for little

finger to enter. Did not see the bone—blood constantly discharging. Took out two or three pieces of splintered bone. Think these were all. Took out all I could remove with safety. Pieces removed shaped somewhat like a split pea. Would not have been justified in removing intermediate fragment of radius. This was about an inch long; though of unequal length, because obliquely broken. Think it could not have been split, without my knowing it; may possibly have been cracked. The bones never got out of apposition after being once set. The intermediate fragment was sometimes moved out of place by the contraction of muscles. Impossible to keep it exactly in place, as least action would disturb it. Examined arm yesterday. Found a little curving out of the ulna, which did not exist when he left me. At that time ulna not perfectly firm and solid, as the perfecting of solidity of bone is a slow process; could probably have been bent at that time. Did not exercise rotary movement of arm, lest I should disarrange coaptation of fragments. When I told him he might do light work, he spoke of filing (at pistol shop). Objected to his filing, but thought he might do some such work as holding pistol locks upon emery wheel. Thought also his employers might employ him to go on errands; as I particularly wished him to be in open air. The starch case, being left on, would prevent rotary motion, and thoroughly protect limb. In case of compound, comminuted fracture, patient may lose limb, if wanting in care. He did not disobey my directions, to my knowledge, in any way, except by using stimulant as before mentioned. Did not preserve splinters of bone taken out by me.

*Dr. S. H. Kelly.*—Am physician in Worcester. Was present at setting of arm, &c., by defendant. When I came in, he asked me to examine arm, and removed dressing for that purpose. Found fracture of radius in two places, both obliquely—and of ulna in one place, transversely. The fracture of radius was compound, with a wound in the integuments. Assisted at dressing. Made counter-extension, while defendant made extension. Bandage not too tight certainly, and not too loose; but what is called firm. Was struck with skilful and neat way in which everything was adjusted. Patient made no complaint of pain, and appeared to feel easy. Saw defendant drive off with him in a chaise.

*Cross-Examined.*—Think I put my finger in wound, but took out nothing. Defendant showed me the two splinters of bone taken out by him. Arm was not much swollen. In majority of cases there would be considerable swelling after such an injury. Such swelling would have effect to tighten bandage.

*Thomas H. Gage, M.D.*—Am Assistant Physician at State Lunatic Hospital at Worcester. Graduated at Medical College in Boston, four years ago. Was House-surgeon one year at Mass. General Hospital. Practised at Sterling three and a half years before going to Worcester. Known defendant since 1849, when



we began to study together. Arm was shown to me by defendant at his office. Defendant removed dressing, and bared the arm, and I examined it. Patient held arm up, and I looked carefully across it. Made the remark that it was not possible to detect the place of fracture by the eye. Felt limb carefully with hands—found well-united fracture of ulna, and feebly-united fracture of radius, which was broken in two places. Found a little callus at fracture of radius. Could distinctly feel intermediate fragment. Traced radius with hand from end to end, and found it in its natural position, especially two larger fragments; the intermediate oblique fragment being very slightly out of line. Very difficult for dressings to make impression upon it. Arm was in excellent and perfectly natural position, and in very good shape. Somewhat diminished in bulk, as would be expected. No swelling at all of arm or hand. Nothing out of the way with thumb. Saw scar on outer side of radius, as of recently-healed wound. Defendant replaced apparatus in my presence. In addition, we applied pads to keep the intermediate fragment in place. Do not know which of us suggested it. Arm appeared as if decidedly correctly treated hitherto. No evidence of bandages having been too tight. Good circulation in arm. Patient made no complaint. Ulna was as firm and strong as could have been expected in four or five weeks. *No sign of anything like gangrene or mortification.* Nothing to excite suspicion of there being dead bone.

*Cross-Examined.*—We talked together about general means of improving patient's health—also of starch bandage. An operation then would have been entirely improper. Traced ulna down carefully, as I always do, and found whole length in good position and fragments well united.

*Winslow Lewis, M.D.*—Have heard all the evidence in this case. Defendant's treatment, as described in his testimony, was perfectly correct in every detail. The case was a bad one, requiring unusual surgical skill. All compound fractures are more or less difficult. Air is admitted by external wound, and wound itself requires separate treatment. Fracture more difficult of treatment if comminuted. Fragments are constantly working out of apposition, under the action of muscles; and ends of bone, especially if obliquely broken, are apt to wound the nerves and vessels. Case also more difficult, of course, if both bones are broken. One cannot then serve as a natural splint for the other. The contraction of the pronator muscles would also embarrass the setting of the bone, and would tend to draw the fragments apart when once in apposition. The process by which union is effected is governed by no general law, but depends upon a variety of circumstances. The process consists of an irritation of membranes at ends of bone, which inflame, and a fluid called nature's glue is poured out, which attaches the fragments to each other. This fluid hardens,

and becomes callus, which, in time, gives place to solid bone. A fracture like this one would have done well if cured in seven or eight months. Union sometimes delayed a year or more. Sometimes takes place with deformity or shortening of limb. Never heard of using four splints, as advised by German physicians. Even if no union takes place, the limb may be used for certain purposes. An operation is the last resort—is always more or less dangerous. Should advise seton operation to be first tried, except in case of death of the bone. Presence of dead bone is indicated by inflammation, excessive pain, and a discharge through an opening in the integuments. Dead bone could not exist without such an opening being formed. (Examination not completed.)

(The Court here adjourned to morning of third day, January 15th; at which time Dr. Lewis gave way to Dr. Hayward, whose engagements made it more convenient for him to be examined at this point.)

*George Hayward, M.D.*—Heard evidence of defendant. His treatment was entirely proper and correct. It was just such as I should have pursued. Case was a difficult one from nature of accident, plaintiff having thrown his arm behind him and fallen upon it with the weight of his body. Treatment more difficult because fracture was compound, comminuted, oblique, and of both bones. In cases of compound fracture, external wound to be first healed. Permanent bony union does not generally take place sooner than a year. Should not have thought of performing an operation in this case at the end of twelve weeks. Defendant's direction to plaintiff to do light work, &c., at the end of this time, was good. Should have delayed performing an operation in this case till other means failed, and Nature refused to work a cure. If the arm had come under my care in the condition described by German physicians, I should have tried starch bandage and electricity. Should not have attempted an operation. If operation afterwards became necessary, should have performed seton operation as particularly adapted to this case. Nothing in defendant's evidence to indicate dying of the bones. Dead bone always indicated by inflammation and opening in the integuments. The pieces of bone of radius exhibited by the German physician are not decayed. They are perfectly healthy in appearance. There is nothing in their appearance to justify excision. No caries. Fragments also contain medullary substance, and medulla is absorbed, when no union is to take place. Dark color owing to drying of blood by time. Largest fragment shows that a part of it has been united with another part. Think it must have been cut off above the union of the upper fracture. (The witness, in explanation, called the attention of the jury to fragments of bone. He pointed out a slight, but distinct, curve in the larger fragment which, with other marks, indicated that it had been broken at the angle of the curve, and afterwards united,

The cutting had been made above this point.) If there were pus or matter in arm, as described by German physicians, it was not a proper time to perform operation. Where pus is small in amount, and gives patient no pain, it does no harm. Would probably be absorbed. Atrophy does not indicate that there has been no proper circulation, but results naturally from the injury, and from necessary confinement of the limb. *No evidence of gangrene in the appearance of arm, as described in evidence.* I use two splints, with a small one two inches long, sometimes, when fracture is very low in the arm. This, however, is not necessary if front splint extends to palm of hand. Never used four splints. In my judgment the bend in ulna is owing to operation in New York. Think radius would have completely united under defendant's treatment. We have no other method of effecting union than that pursued by him.

*Cross-Examined.*—The want of power of extension in thumb is, I think, owing to a cutting, or wounding, of extensor muscle, when operation was performed. Can account for it in no other way.

---

At this stage of the trial, when defendant's counsel were about to recall Dr. Lewis, and were expecting to proceed with the examination of the other medical experts summoned by them, the senior counsel for plaintiff rose and stated to the Court that the prosecution of the case would proceed no farther. Until the opening of the junior counsel for the defence, he had been under a misapprehension as to the nature of the fracture, having been given to understand, after careful inquiry, that it was both simple and not at all serious in its nature. It now appeared in evidence that the fracture was both compound and comminuted, and one very difficult of treatment. It appeared, also, that the defendant's treatment had been skilful and correct. In justice, therefore, to the defendant, the trial should end here. He would consent that a formal verdict should be at once taken for the defendant, unless his counsel desired to call the remainder of their experts, in order to vindicate still more completely the treatment pursued by their client.

In reply, the senior counsel for the defendant acknowledged becomingly the honorable course taken by plaintiff's counsel. He would have been glad to have placed other medical gentlemen upon the stand, whose approbation of the defendant's mode of practice would have been equally signal with that of the two already called; but in the present position of the case, this was in no way necessary. He asked the Court, accordingly, for a verdict.

The Court (Hon. PLINY MERRICK) expressed itself highly gratified by the proceeding of the plaintiff's counsel. The evidence of the plaintiff and of the physicians from New York had, taken alone, made out a case entirely sufficient to justify the counsel in going to trial. The defendant had, however, by his own testimony, clearly acquitted himself of fault; and certainly a



junior practitioner of law who should receive from his elder brethren the decided approval which the defendant had met with in this case, would have abundant cause to congratulate himself. The Court expressed itself as unable to understand what had induced the plaintiff to institute this suit.

Whereupon a *verdict for defendant* was ordered and taken.

---

---

#### RAW PORK AS AN ARTICLE OF DIET.

[Communicated for the Boston Medical and Surgical Journal.]

THE remarks of Dr. BOWDITCH upon the use of raw pork as an article of diet, appear to have no inconsiderable interest from the connection they may obviously have with the effect of the processes of cookery upon the digestibility of food, both in health and disease. I would suggest whether the superior supporting qualities of raw pork, supposing it to be so, may not be owing to the fact that, when cooked, it is less perfectly and entirely digested. It would seem, from the result of Dr. B.'s examination, that, when fried, the fat of the meat is made to pervade its whole texture and thus to render it less penetrable by the gastric juice. Besides this, oils and fat—even butter—when exposed to a heat somewhat above that of boiling water, undergo some change, a chemical one, I presume, which renders them far less digestible.

The effect of one or both of these circumstances may be, either to prevent the mass from being wholly digested—certain parts escaping the process and never entering the circulation—or to prevent its change from being perfect, so that the chyle absorbed from it is imperfectly elaborated. The result in either case would be that the system would derive less support from it; the amount of support not depending upon the quantity taken into the stomach, but upon the quantity which is so assimilated as to be capable of application to the purposes of nutrition. It often happens, I think, with food—especially fatty food—that it is sufficiently acted upon by the digestive organs to admit of its absorption, and yet not enough so to make it nutritious in proportion to its bulk.

Every one probably has observed—certainly every dyspeptic has—how very different an article in its digestibility, boiled bacon—especially the fat part—is from fried. In the former the muscular fibre is not pervaded by the melted fat; and, besides, the fat itself has not been subjected to a heat high enough to change its chemical character, and probably not high enough to break up its cellular texture. The fat of boiled bacon is often very easy of digestion, while the fat of fried is very difficult.

Few opportunities are afforded us of judging of the digestibility of food absolutely raw. Yet, so far as I have been able to observe, *cured* meats are quite as readily acted upon by the stomach in the

raw state as when cooked. There is great variety in the powers of different stomachs, but generally we find that rare meat is preferable to that which is very thoroughly cooked. It may be found that, in some persons and in some states of disease, meat absolutely raw will be still better. Eggs and oysters are certainly more easily digested by most persons in this state, or at least when not subjected to a heat high enough to coagulate their albumen completely. Careful experiments and observation on many subjects can alone determine these questions; and we may perhaps find that cooking at a degree of heat below the boiling point, and short of that which will coagulate albumen in the densest manner, will prove best adapted to the powers of the human stomach.

Mr. Parkyns, in his late work on Abyssinia, gives some curious details with regard to the use of raw meat by the inhabitants of that country, which have some value in their bearing upon this subject. I give the account in his own graphic language. "On every festive occasion, as a saint's day, birth, marriage, &c., it is customary for a rich man to collect his friends and neighbors, and kill a cow and one or two sheep. The principal parts of the cow are eaten as *broundo*, or raw beef; the remainder is cut into small pieces and cooked." The slaughtering of animals in Abyssinia is attended with a regular ceremony, as in Mahommedan countries. The animal is thrown down with its head to the east, and the knife passed across its throat, while the words "In the name of the Father, Son and Holy Ghost," are pronounced by the butcher. Almost before the death-struggle is over, persons are ready to flay the carcass, and pieces of raw meat are cut off and served up before this operation is completed; in fact, as each part presents itself, it is cut off and eaten while yet warm and quivering. In this state it is considered, and justly so, to be very superior in taste to what it is when cold. Raw meat, if kept a little time, gets tough; whereas, if eaten fresh and warm, it is far tenderer than the most tender joint that has been hung a week in England. The taste is, perhaps from imagination, rather disagreeable at first, but far otherwise when one gets accustomed to it; and I can readily believe that raw meat would be preferred to cooked meat by a man who from childhood had been accustomed to it."—*Parkyns's Life in Abyssinia*, vol. i., p. 371. It is quite probable that a difference would be found between the digestibility of freshly-killed raw meat, as compared with that eaten after some interval, just as there usually is between tough and tender meat of any kind. The matter is certainly worthy of experiment, if we could find those who are willing to make it.

W.



TWENTY-SIX WEEKLY NUMBERS.—AUGUST, 1856, TO FEBRUARY, 1857.

---

THE  
BOSTON  
MEDICAL AND SURGICAL  
JOURNAL.

EDITED BY  
W. W. MORLAND, M.D., AND FRANCIS MINOT, M.D.

---

VOLUME LV.

---

**Boston:**  
DAVID CLAPP, PUBLISHER AND PROPRIETOR,  
CORNER OF WASHINGTON AND FRANKLIN STREETS.

1857.



# INDEX TO THE FIFTY-FIFTH VOLUME.

---

- Abscess, after confinement, 387; of liver, opening into right lung, 525  
 Account book, for physicians, 46  
 Acne rosacea, treatment for, 236  
 Addison, on the Supra Renal Capsules, 133, 158, 178  
 Agnew's (Dr. D. Hayes) Practical Anatomy, critical notice of, 251  
 Aid for indigent and infirm or disabled practitioners, 254  
 Air and exercise, importance of, 233  
 Air-breathing animals in the human stomach, 60  
 Air-passages, foreign body in, 56  
 Air-tractor, real inventor of, 396  
 Albinos, 336  
 Albuminuria, lesions of the kidney connected with, 502  
 Alexander, Dr. R. M. Antimony in rigidity of the os uteri, 55  
 Alkaline medicines, action of on the urine, 373  
 Allen's (Dr. J. M.) Practical Anatomist, critical notice of, 429  
 Allen, Dr. Nathan. Health of factory operatives, 342  
 Alveolus, trephining an, 428  
 American Medical Journals, 150  
 American Medical Association, critical notice of Transactions of, 388  
 American Pharmaceutical Association, 151  
 Amputation, of thigh, 247; of both legs, 355; at the shoulder-joint, 404; of the finger by a finger-ring, 447  
 Anæmia of children, Prof. Mauthner on, 257  
 Aneurism, of ascending aorta, 164, 528, 529; with contraction of the pupil, 236  
 Animal temperature, experimental investigations on, 446  
 Antimony, case of suicide by, 400; effect of tartrate of, in facilitating labor, 505  
 Aorta, aneurism of, 164, 528, 529  
 Architecture and sanitary improvement, 394  
 Asphyxia, treatment of, 182, 184  
 Barker, Dr. T. Herbert, on cystic entozoa in the human kidney, critical notice of, 431  
 Barton, Dr. E. H., on yellow fever, 432  
 Beck's (Dr. John B.) Lectures on Materia Medica and Therapeutics, critical notice of, 191  
 Bedford's (Dr. Gunning S.) Clinical Lectures on Diseases of Women and Children, critical notice of, 430  
 Belladonna, poisoning from, 468; as a prophylactic in scarlatina, 411  
 Belladonna plaster, poisoning from, 451  
 Bell, Dr. Luther V. Restoration of the asphyxiated, 182  
 Bennett's (Dr. James Henry) Review of the present state of uterine pathology, critical notice of, 189  
 Benzoin, in treatment of chronic dysentery, 256  
 Bigelow, Dr. Jacob. Case of vomiting, of forty years duration, 261  
 Bird's nests, edible, 236  
 Births in Suffolk County, 83  
 Bladder, cancer of, 311, 512; encephaloid disease of, 526; prolapse of, 509  
 Blake, Dr. J. H. Medical cases, 509  
 Blake, Dr. J. M. Ligature of the subclavian artery, 522  
 Blatchford, Dr. Thomas W. Resuscitation after submersion, 184  
 Bonney, Dr. F. Post-mortem examination of an epileptic patient, 401  
 Boston Dispensary, 26, 130, 535  
 Boston Society for Medical Improvement, 39, 79, 122, 164, 226, 265, 311, 329, 350, 364, 385, 407, 447, 469, 509, 525  
 Boston Medical and Surgical Journal, origin of, 415  
 Bowditch, Dr. Henry I. Raw pork as an aliment, 497  
 Bowman's (John E.) Introduction to Practical Chemistry, critical notice of, 271  
 Breast, glandular hypertrophy of, 39; fibroplastic tumors of, 40

- Breech of gun extracted from superior maxilla, after a lodgment of 8 years, 311
- Bromide of potassium, anaphrodisiac property of, 68
- Bromine as specific in pseudo-membranous affections, 236
- Bronchus, effect of closure of on the lung, 357, 380
- Brown, Dr. J. W. Case of amputation of the thigh, 247
- Brown-Séquard, Dr. E. Experimental and clinical researches, applied to physiology and pathology, 337, 377, 421, 457
- Buckingham, Dr. C. E. Cases of puerperal disease and peritonitis, 31; case of polypus uteri, successfully terminated without operation, 277; case of excessive salivation during pregnancy, 397
- Cæsarean section, successful case of, 48
- California, Medical Convention, and Society of, 167
- Calomel, topical use of, in fistula in ano, 276
- Camphor, as an antidote to strychnia, 536
- Cancer of liver and stomach, 83; of lung, pericardium and heart, 186; of the bladder, 311, 512
- Carbon, deposit of, in the inguinal glands of a tattooed subject, 447
- Carbonic acid, effect of on the gravid uterus, 374
- Catamenia and mammary secretion during pregnancy, 508
- Catheter, new method of passing, 453
- Cauliflower excrescence, 286, 288
- Cauterization of cervix uteri, severe effects of, 33, 35
- Caustic for nævus, 516
- Chalk ointment, Spender's, 336
- Channing, Dr. Walter. Cases of hydro-sis and of ovarian disease, 477
- Chloroform, advantages of as an anæsthetic, 329; poisoning from swallowing, 336; use of in croup, 516
- Cholera, ravages of, 193
- Cholera infantum, a few words on, by M. Trousseau, 74
- Churchill's (Dr. Fleetwood) Diseases of Infants and Children, critical notice of, 147, 252
- Cincinnati, health of, 236
- Circumcision, as preventive of syphilis, 77; new mode of performing, 214; death from, 433
- Cirrhosis of the liver, 222, 226
- Clapp, Dr. S. Successful removal of the uterus, 437
- Clarke's (Dr. E. H.) Introductory lecture, critical notice of, 532
- Clay's (Dr. Charles) Complete Hand-book of Obstetric Surgery, review of, 281
- Coale, Dr. Wm. Ed. Case of intestinal disease, 197
- Collins, Dr. G. L. Tracheo-bronchial croup, in an adult, 9
- Colloid disease of stomach, 166
- Conception following the administration of guaiacum, 172
- Consanguinity, influence of on offspring, 332
- Consumption vs. constipation, 291; effect of the sun's rays in, 256
- Convulsions, of children, 466; etherization in puerperal, 336, 510; after vaccination, 165
- Copper, supposed poisoning by, 124
- Coroner's bills and medical coroners, 534
- Coventry, Dr. C. B. Placenta prævia, with twins, 405
- Crauia, comparative anatomy of, 314
- Croup, in an adult, 9; treatment of, 349; sulphate of copper in, 414; diminished frequency of, 456; use of chloroform in, 516
- Cutter, Dr. Ephraim. Case of empyema, treated by thoracentesis, 200
- Cyanide of potassium, poisoning by, 387
- Cysticercus cellulosus, 387
- Cystic tumors, 470; of the fore-arm, 319
- Deafness, etiology of congenital, 27
- Death following delivery, 360
- Deformity of child from cohesion with placenta, 205
- Dental profession, public meeting of, 316
- Destitution, effects of on nursing children, 15
- Dickson's (Dr. Samuel Henry) Lecture before the Medical College of South Carolina, critical notice of, 530
- Digitalis, effects of on the generative organs, 152
- Dislocation, incomplete tibio-tarsal, forwards, 36
- Dispensaries in New York, 48
- Doggett, Dr. Perez F. Amputation at the shoulder-joint, 404
- Draper's (Dr. J. W.) Human Physiology, review of, 237
- Dress, hygiene of, 105, 392
- Drowned, Marshall Hall's rules for restoring, 152
- Drug trade, abuses in, 65
- Dubois, Dr. James, death of, 172
- Dunglison's (Dr. Robley) New Remedies, critical notice of, 23; Human Physiology, critical notice of, 146
- Dysentery, treatment of chronic, by benzoin, 256
- Ear, intoxication of, 294
- Eczema, 427
- Education, influence of on the duration of life, 195
- Ellis, Dr. Calvin. Inflammation and abscesses of the lung, from closure of the primary bronchus, 357, 380; case of suicide by antimony, 400

- Elbow-joint, excision of, 12, 122; compound comminuted fracture of, 521
- Empyema, treated by thoracentesis, 200
- Encephaloid disease of the stomach, 79; of the thigh, 321; of the bladder, 526
- Epilepsia laryngea, treated by tracheotomy, 131
- Epilepsy, 336, 377, 421, 457; infantile, 310; post-mortem examination in a case of, 401
- Erectile tumor of the fore-arm, 323
- Ergot and borax, indications for, 68
- Erysipelas, Velpeau's treatment of, 28; local applications in the treatment of, 262; phlegmonous, of the leg, 527
- Etherization in nervous or vital shock, 140; in puerperal convulsions, 336, 510
- Ethnology, new work on, 516
- Europe, four months in, 116
- Eustis-Street Charitable Dispensary, 314
- Excision of elbow-joint, 12, 122
- Experimental and clinical researches applied to physiology and pathology, 337, 377, 421, 457
- Extra-uterine foetation, 413
- Eye, melanosis of, 470
- Eyes, congenital absence of, 107
- False membrane, passed per anum, 203
- Fast living, 454
- Fat, as a preventive of consumption, 232
- Fatty tumor of the thigh, 297
- Fearing, Dr. E. P. Extraction of needles from the human body, 29
- Fees, medical, 476
- Female physic in America, 416
- Femur, partial fracture of neck of, 351; impacted fracture of neck of, 364; fracture of neck of within the capsule, 364
- Fever, unusual case of, 509
- Fibro-plastic tumor over the scapula, 385
- Fissure of the palate, operations for the cure of, 119, 142
- Fistula in ano, topical use of calomel in, 276
- Fistula of intestine, opening into the groin, 503
- Flooding, fatal case of, 465
- Fœtus, influence of the mother's mind on, 85
- Folk lore, cure for measles, 456
- Folsom, Dr. N. L. Case of melanosis, and of false membrane passed per anum, 205
- Foreign body in the bladder, 476
- Fracture, partial, of neck of femur, 351; impacted, of neck of femur, 364; of neck of femur within the capsule, 364; compound, comminuted, of elbow, 521
- Fractures, phosphate of lime in, 19
- Fund for the poor doctor, 353
- Gallard (Dr. T.) on Peri-uterine Hematocele, critical notice of, 269
- Gardner's (Dr. A. K.) Causes and curative treatment of Sterility, critical notice of, 22
- Gay, Dr. George H. Case of large fatty tumor of the left thigh, 297; cystic tumor of the fore-arm, 319; encephaloid disease of the thigh, 321; venous erectile tumor of the fore-arm, 323
- Glucosuria of nursing women, 452
- Glycerine, use of, 356; and tannin in vaginitis, 356
- Gonorrhœa, treatment of by injections of copaiba, 376
- Gould, Dr. Daniel, notice of, 99
- Gregory's (Dr. William) Handbook of Inorganic Chemistry, critical notice of, 410; Handbook of Organic Chemistry, critical notice of, 431
- Gutta serena, new use of, 416
- Hæmaturia, from enlarged prostate, 336
- Hæmorrhagic diathesis, 447
- Hæmorrhage, ergot and digitalis in, 88; during pregnancy, 488
- Hair dyes, profit from the sale of, 68
- Harrison's peristaltic lozenges, 107
- Hatch, Dr. H. Etherization in nervous or vital shock, 140
- Hayward, Dr. Joshua H., notice of, 395
- Headache, Punch on, 132
- Head, injury to, with hernia cerebri, 227
- Health of the Southern cities, 88; public, 216; health of operatives in factories, 315, 342
- Heart, rupture of in a dog, 316
- Hereditary influence, 212
- Hernia, ventral, 123; new method for the radical cure of, 194; cerebri, 227
- Hip-joint, amputation at, 536
- Hitchcock, Dr. A. Excision of the elbow-joint, 12
- Hitchcock, Dr. Homer O. Puneture of the intestine in paraentesis, 316
- Hodges, Dr. R. M. Translation of review of Addison on the supra-renal capsules, 133, 158, 178
- Hoffendahl, Dr. C. F. Letter from, 87
- Hollingsworth's (Dr. Samuel L.) Memoir of Moreton Stillé, M. D., critical notice of, 251
- Homœopathy, 325
- Hospital, new, 493
- House or Industry, medical and surgical experiences at, 31
- Hydrocele, cases of, 405; new mode of treating, 88; mode of testing the translucency of, 336
- Hydro-nephrosis, complicated with calculous pyelitis, 89
- Hydrophobia, death from, 68, 172
- Hydrosis, cases of, 477
- Hydrothorax, 349
- Hygiene of dress, 105, 392
- Hysteria, simulating heart disease, 248



- Illinois, diseases and epidemics of, 104 ;  
State Medical Society, critical notice of  
transactions of, 331
- Impalement upon the handle of a pitch-  
fork, 337
- Infantile therapeutics, 293
- Insanity in India, 28
- Instrument for inflating the lungs of in-  
fants in asphyxia, 162
- Intestine, annular stricture of, 448 ; punc-  
ture of in paracentesis, 315
- Intestinal disease, case of, 197
- Intoxication of the ear, 294
- Inunction in the treatment of disease,  
434, 435, 494
- Iodine, method of detecting instantly in  
the urine, 172 ; new solution of, for skin  
diseases, 276 ; injections, danger of in  
hydrocele, 276
- Iritis, non-mercurial treatment of, 49, 69,  
92, 100
- Iron, new method for estimating in the  
urine, 152
- Itch, treatment for, 236
- Jacobs, Dr. Ferris. Cases of hydrocele, 405
- Jalapine, 57
- Jamestown (N. Y.) Medical Association,  
132
- Jane II. Glidden, yellow fever in ship, 148
- Kidney, granular disease of, 226, 469 ; dis-  
ease of, 265 ; two classes of lesions of,  
connected with albuminuria, 502
- Knee, transformed bursal tumor of, 80
- Knceland, Dr. Samuel. Surgical notes, 345
- Labor, case of in a contracted pelvis, 462
- Large family, 416
- Larvæ of *musca vomitoria* from the ear of  
a child, 350
- Lead colic, 428
- Leeches, method for the speedy application  
of, 105
- Legalizing the study of anatomy in Maine,  
513
- Letter from New York, 309
- Lightning, case of injury by, 413
- Lindsly, Dr. H. Inunction in scarlet  
fever, 434
- Liver, disease of, 59 ; cirrhosis of, 122, 226 ;  
traces of fracture of, 165 ; abscess of,  
opening into the lung, 525
- Livezey, Dr. A. Treatment of scarlatina,  
14 ; local applications in the treatment  
of erysipelas, 232 ; case of infantile epi-  
lepsy, 310 ; convulsions of children, 435
- Lobelia inflata, deaths from, 393
- Lung, inflammation and abscesses in,  
caused by closure of the primary bron-  
chus, 357, 380
- Lyman's (Dr. George H.) History and  
Statistics of Ovariectomy, critical notice  
of, 268
- Mackenzie's (Dr. William) Synopsis of  
Lectures on Ophthalmology, critical no-  
tice of, 531
- Mal-practice, trial for, 515
- March, Dr. Alden. Four months in Eu-  
rope, 116
- Massachusetts Medical Society, Publica-  
tions, 192 ; adjourned meeting of, 234
- Massachusetts Eye and Ear Infirmary, 396
- Mauthner, Prof. on the anæmia of chil-  
dren, 257
- McLean, Dr. A. S. Foreign body in the  
air-passages, 56
- Medical Book Clubs, 413
- Medical Examiner, notice of, 394
- Medical Journals, in the city of N. York,  
28 ; in America, 150 ; in Europe, 216
- Medical profession in the United States,  
Dr. Stewart on, 168
- Medical phraseology, terms, &c., 129
- Medical schools at the South, 151
- Meigs's (Dr. Charles D.) Obstetrics, criti-  
cal notice of, 489
- Melanosis, case of, 203 ; of the eye, 470
- Menstruation, vicarious, 233 ; in old age,  
316
- Metastasis in mumps, 290
- Milk, substitute for, 195
- Milk sickness, 273
- Miscarriage, case of, with retained placenta,  
445
- Mistakes in dispensing medicines, 533
- Moral treatment of disease, 224
- Moschziker's (Dr. A. F.) Guide to Dis-  
eases of the Eye, critical notice of, 332
- Mother's mind, influence of on the fœtus,  
85
- Mumps, metastasis in, 290
- Murder and the plea of insanity, 472
- Myopia, statistics of, 276
- Naphtha, death from drinking, 256
- Near-sightedness, 455
- Necrosis, 428
- Needles, extraction of from the human  
body, 29
- Nelken's (Dr. M.) Causes, &c. of Sea-  
sickness, critical notice of, 144
- Nephritis, with pyelitis and cancer of the  
bladder, 311
- Nervous affection, case of, 429
- Neuralgia, treatment of by valerianate of  
ammonia, 293
- New Hampshire Medical Society, critical  
notice of Transactions of, 430
- New Orleans, health of, 215
- Newman, Dr. A. Case of death following  
delivery, 361
- New York, sanitary condition of, 63
- New York Ophthalmic Institution, 436
- North Carolina Journal of Medicine and  
Surgery, 416
- Nymphomania, and foreign bodies in the  
bladder, 210

- Oily substances, assimilative property of, 196  
 Ophthalmoscope and its uses, 173  
 Os uteri, antimony in rigidity of, 55  
 Out-door amusements, 192  
 Ovary, malignant disease of, 350  
 Ovarian disease, 477; cysts, new mode of treating, 169; removal of, 365, 395; large size of, 416  
 Ovariectomy, 365, 395; attempted, 407  
 Ovum containing twin fetuses, 329  
 Page, Dr. C. G. Scarlet fever, 141  
 Pajot's Obstetric Tables, critical notice of, 371  
 Palate, operations for the cure of fissure of, 119, 142  
 Palmer, Dr. G. S. Case of miscarriage, with retained placenta, 445  
 Palmar arch, wound of, 486  
 Paracentesis pericardii, 356; thoracis, 349  
 Paris, Dr. John Ayrton, notice of the life of, 523  
 Paris, letter from, 246  
 Peck, Dr. W. A. Wound of the palmar arch, 486  
 Peninsular Journal and Dr. Storer, 43, 149  
 Pereira's (Dr. Jonathan) Physician's Prescription Book, critical notice of, 532  
 Perinaeum, rupture of, 66; treatment of rupture of, by M. Schuh, 517  
 Peritonitis, non-puerperal, 32, 33, 35  
 Perry, Dr. Marshall S. Case of the Hon. Charles Sumner, 417  
 Pessary, new form of intra-uterine, 288  
 Philadelphia, medical schools in, 355  
 Phlegmasia dolens, 511  
 Phosphate of lime, in fractures, 19, 57  
 Phosphorus, purification of amorphous, 78  
 Phraseology, medical, 129  
 Phthisis, treatment of, 153; in London, 171; contagiousness of, 194  
 Phymosis, 441; new mode of operating for, 214  
 Physician's Visiting List, notice of, 190; Tabulated Diary, notice of, 191  
 Pills, covering with collodion, 476  
 Pineo, Dr. P. Letter from New York, 309  
 Placenta prævia, 428; with twins, 347, 406  
 Pleurisy, with great contraction of the chest, 266  
 Poisoning, supposed by copper, 124; from naphtha, 256; by cyanide of potassium, 387; from belladonna plaster, 451; by morphia and belladonna, 468  
 Poisonous medicines, 68; means of preventing accidents from, 168  
 Polypus uteri, case of, 286; successfully terminated without operation, 276  
 Pregnancy, spurious, 291; extensive injury during, 256; hæmorrhage during, 488  
 Presbyopia as an element in diagnosis, 516  
 Professional reputation, 256  
 Prostate gland, enlargement of, 386  
 Providence Medical Association, 143  
 Providence, mortality of city of, 235, 415  
 Puerperal, fever, followed by phlegmasia dolens, 511; mania, 20; peritonitis, 31; convulsions, etherization in, 336, 510  
 Purpura hæmorrhagica, 124, 414  
 Putnam, Dr. C. G. Removal of the inverted uterus, 109  
 Quackery, prohibition of, in Russia, 476  
 Rain, amount of at New Orleans in August, 215  
 Ranula, treatment of, 376  
 Raw pork as an aliment, 497  
 Read, Dr. William. Case of labor in a contracted pelvis, without artificial aid, 462; effect of tartrate of antimony in facilitating labor, 505  
 Rectum, impaction of, with cherry stones, 316; with currants, 407  
 Regurgitation, obstinate case of, relieved by chloroform, 456  
 Relief for indigent or disabled physicians, 393  
 Resuscitation after submersion, 143  
 Reviews of medical books, 292  
 Rheumatism, alkaline treatment in, 28  
 Ricord's doctrines, 271  
 Rickets, cure for, 396  
 Root, Dr. Oliver D. Intestinal fistula, opening into the groin, 506  
 Routine treatment, 128  
 Salivation in pregnancy, 58, 397  
 San Francisco, vital statistics and causes of mortality in, 217  
 Sawyer, Dr. Albert F. Vital statistics of San Francisco, 217  
 Scarlatina, treatment of, 14; account of an epidemic of, 141; belladonna as a prophylactic in, 411; inunction in, 434; glycerine and creosote in, 435  
 Scientific Convention at Albany, 86  
 Sea-bathing, 416  
 Sea-sickness, critical notice of Dr. Nelson's work on, 144  
 Seaweed for food, 264  
 Sebaceous tumors, 376  
 Sequard's (M. Brown) discoveries, 252  
 Simpson's (Dr. J. Y.) Obstetric Memoirs and Contributions, critical notice of, 61  
 Slade, Dr. D. D. On phymosis, 441; on stricture of the urethra, 483  
 Smallpox in Boston, 495  
 Smallpox contagion, prolonged vitality of, 262  
 Smith, Dr. David P. Operations for the cure of natural fissures of the soft palate, 119

# INDEX.

- Smith's (Dr. Henry H.) Treatise on the Practice of Surgery, critical notice of, 369
- Spermatorrhœa, treatment of, 352
- Stomach, obscure affection of, 450; colloid disease of, 166
- Storer, Dr. H. R. Controversy with Dr. Parks, 186
- Stricture of urethra, notes on, 483; annular, of intestine, 448
- Strychnia, camphor an antidote to, 536
- Subclavian artery, ligature of, 522
- Submersion, resuscitation after, 143, 184
- Suffolk District Medical Society, 58, 100, 286, 347
- Sugar, action of on the teeth, 516
- Suicide by antimony, 400
- Sulphate of copper in croup, 414
- Sulphate of iron, as a disinfecting agent, 214
- Sumner, Hon. Charles, case of, 416
- Sun's rays, effect of in consumption, 256
- Supra renal capsules, disease of, 133, 158, 178
- Surgical notes, 345
- Swett, Dr. S. B. Compound comminuted fracture of the elbow-joint, 521
- Tappan's (Dr. Henry P.) Mutual responsibilities of physicians and the community, critical notice of, 62
- Tartrate of antimony, in facilitating labor, 505
- Tattooing, removal of, 216; accidental, 275
- Taylor's (Dr. Alfred S.) Medical Jurisprudence, critical notice of, 147, 189
- Thayer, Dr. W. H. On the treatment of phthisis, 153; his Address to the Graduates of the Vermont Medical College, critical notice of, 126
- Thrill, pulsatory, in a pregnant female, 291
- Thurston, Dr. Horace. Fatal case of flooding, 465
- Tobacco, fatal effects of on a snake, 216
- Tracheo-bronchial croup, in an adult, 9
- Treadwell's (Dr. J. G.) legacy, 64, 106, 170
- Treatment of reported cases, 514
- Trousseau, effects of dentition on nursing children, 15
- Tumor, fibro-plastic, 40; over scapula, 385; transformed bursal, 80; cystic, 470; fibrous, of the uterus, 101; fatty, of the thigh, 297; of the scrotum, 503; encysted, of the fore-arm, 319; nervous erectile, of the fore-arm, 323; removal of ovarian, 395
- United States Marine Hospitals, 496
- Urethra, imperforate, 508; passage of air and faeces through, 58
- Uterus, removal of fibrous tumor of, 101; removal of inverted, 109; rupture of, 265; successful removal of, 437
- Uva ursi, in labor, 68
- Vaccination followed by convulsions, 165
- Valerianate of ammonia in neuralgia, 293, 372
- Vegetations, development of on the genital organs during pregnancy, 396
- Venous erectile tumor of the fore-arm, 323
- Ventral hernia, 123
- Vesico-vaginal fistula, successful treatment of, 76
- Visiting list, suggestions concerning, 374
- Volume, new, 25
- Vomiting, case of forty years' duration, 261; uncontrollable, during pregnancy, 291
- Wales, Dr. Henry, munificent bequest by, 374
- Washington, on assimilation, &c., critical notice of, 191
- Watson's (Dr. John) Medical Profession in ancient times, critical notice of, 62
- Weber, Dr. G. C. E., 516
- Whooping cough among negroes, 536
- Widows and orphans of physicians, 376, 393
- Williams, Dr. H. W. Non-mercurial treatment of iritis, 49, 69, 92, 100
- Witnesses, medical, expenses of, 276
- Wood's (Dr. George B.) Treatise on therapeutics and pharmacology, critical notice of, 211
- Yale College, Medical Institution of, 536
- Yellow fever, in New York, 47, 48, 106; quarantine laws in Boston concerning, 83, 108, 148; opinion of consulting physicians of Boston concerning, 108; in Charleston, 294; Dr. Barton on, 432
- Ziegler, Dr. George J. Phosphate of lime in the formation of bone, 57



---

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

---

 ~~~~~  
 BOSTON, FEBRUARY 5, 1857.
 

---

## TRIAL FOR MALPRACTICE.

A LARGE part of our space in the present number is occupied with the report of the case of *Volmuth versus Hathaway*, which was recently finished, in the Supreme Court, in this city. The report, which was furnished us by W. W. WINTHROP, Esq., one of the counsel for the defence, will be found interesting in several points of view, and not the least so, as establishing the reputation of Dr. HATHAWAY, as a skilful surgeon, notwithstanding the efforts which were made to prove his incompetency. The beneficial effects of the new law, allowing the plaintiff and defendant to be put upon the stand, are clearly shown in this trial—the Court and the jury having been put in possession of the facts by the only parties capable of communicating them. The duration of trials is thus greatly diminished, by the omission of the testimony of numerous other and less important witnesses.

The most remarkable circumstance connected with this trial is, that the action should have been brought against Dr. Hathaway instead of the surgeon who sawed off the ends of the bones, to procure union, and who seems to have divided or severely injured the extensor tendon of the thumb, whereby the power over that member is greatly diminished, if not wholly lost. According to the evidence of experts, the operation in question was wholly unjustifiable under the circumstances, and the attainments of the surgeon may be judged of from the fact that he always uses *four* splints in the treatment of fracture of the fore-arm. If he were sued for malpractice, we fancy he would stand a poor chance before a jury.

We are not disposed to cry out with indignation against suits for malpractice. Such suits, although they may subject innocent parties to expense, to loss of time and to anxiety of mind, are as beneficial to the profession generally as they often are to the accused. They serve to deter ignorant and incompetent pretenders from undertaking the practice of medicine, thereby raising the standard of the profession, and protecting regular practitioners against the encroachments of empirics. It is true that quacks flourish, in spite of actions for malpractice; but there can be no doubt that there is less quackery in surgery than in medicine, where it is more difficult to prove that a physician has been guilty of unskilful treatment. In the present case it is clear that, although an attempt was made to inflict the deepest injury on Dr. Hathaway, the plaintiff could not possibly have benefited him more than by the course he has taken. The triumphant issue of the case, the compliment paid to the defendant by the Court and by the counsel on both sides, have only served to establish in the minds of the community the high professional ability which Dr. Hathaway's friends have long known him to possess. In this respect the case was the exact counterpart of a similar one in which Dr. W. H. THORNDIKE, of East Boston, was the defendant, a few years since. In conclusion, we tender, in the name of the profession, to H. W. PAINE, Esq., the senior counsel for the plaintiff, our thanks for the honorable



manner in which he abandoned the case, as soon as it was evident from the testimony that the action was unjustifiable, and for the handsome manner in which he acknowledged the professional skill of Dr. Hathaway.

#### INSTRUCTION IN MICROSCOPY.

It has often occurred to us what great advantage students in medicine, and many practitioners, also, would derive from a private course of microscopic demonstrations from some competent person. It is well known that we have several accomplished microscopists in this city, who, if they could only spare an hour or two in each week, in this instruction, would thereby confer a genuine favor upon many who without such a course must in most cases go through a long series of trials, blunders, &c., before they attain even sufficient dexterity in managing the instrument. To *begin right* is a great gain in everything—it is almost a necessity in microscopical studies and manipulations. A course for medical students, and for practitioners whose previous opportunities and leisure have been little or none, is a *desideratum*; and we believe it would not only be appreciated, but would not trench too much upon the time of either the demonstrator or his class. Any sacrifice of time, however, such as would be demanded, would be amply repaid by the facilities added to the diagnostic, and thereby to the therapeutic means of practitioners. For students, such a course, renewed at stated intervals, would be invaluable. We commend the subject to the attention of all whom it “doth concern.”

#### CALIFORNIA STATE MEDICAL JOURNAL.

WE are highly gratified to receive the second number of this periodical, the first number of which gave us so much to expect. Although somewhat delayed, there is every prospect that the Journal will now continue to be regularly issued once a quarter. Among the valuable articles contained in the present number is one on the Medical History of California, by Dr. Thomas M. Logan, which is full of interest. It is one of a series which will embrace a description of the physical geography of the State, its climate and its diseases. As Corresponding Secretary of the State Medical Society, Dr. Logan has prepared full descriptions of the methods of taking meteorological observations, and of the instruments and tables required, and has appended a quarterly abstract of the meteorology and necrology of Sacramento. A very excellent article by Mr. C. T. Hoppins, on Registration in California, will, we hope, have the effect to call attention to the importance of this subject. If proper registration is carried out at this early period of the history of the State, it will confer incalculable benefits on the inhabitants. So far as observed, the climate of California appears to be peculiarly healthy; notwithstanding the number of homicides and fatal accidents, the average of deaths in Sacramento is but 1 in 37. Mr. Hopkins's article is a very elaborate one, and is well worthy the attention of the profession both in California and elsewhere.

The Journal contains many other articles which we have not space to notice. We hope the profession of El Dorado will see the importance of sustaining it, and that its circulation will extend throughout the country.

*New Medical Journal.*—The *North American Medico-Chirurgical Review* is the title of a new bi-monthly serial, published in Philadelphia, under the editorial charge of Dr. S. D. Gross, the distinguished Professor of Surgery in the Jefferson Medical College, and Dr. T. G. RICHARDSON, Professor of Anatomy in the Medical Department of Pennsylvania College. The new journal is a combination of the former Philadelphia *Medical Examiner*, a work of the highest character and ably conducted by Dr. HOLLINGSWORTH, and the *Louisville Review*, formerly edited by Messrs. Gross and Richardson. The general plan of the new journal is similar to that of the latter periodical, the review department occupying a prominent place in its pages, while the number of original articles is increased, and a full "periscope" of the progress of medicine is supplied. The number for January contains eight elaborate reviews and seven original articles, all of which are ably written. The list of collaborators is ample, and contains many names of high standing for ability and talent. Under such auspices, the *Review* cannot fail to maintain a high rank in American periodical literature.

*Social Meeting of the Suffolk District Society.*—At the close of the regular monthly meeting of the Suffolk District Medical Society, there was a social entertainment of a most agreeable character, which, however, the very inclement weather prevented a large number from attending. About thirty-five gentlemen were present, and partook of an elegant supper. It is a long time since social meetings of the Society have been held, and notwithstanding the smallness of the attendance, the occasion was highly enjoyed by those who were present, and reflected much credit on the Committee of Arrangements.

*Health of the City.*—The preponderance of deaths among males over those of females during the past week is striking, there having been 55 of the former to 28 of the latter. The mortality from scarlatina still continues high, although there is a diminution from that of the previous week. Of the 23 deaths from that disease, 15 were in subjects under 5 years of age; 6 in those between 5 and 10 years, 1 of 11 years, and 1 of 37 years. We notice 9 deaths from disease of the heart—a very unusual number—and 3 from pneumonia. During the corresponding week of last year there were 73 deaths, of which 16 were from consumption, 6 each from pneumonia and "dropsy," 2 from scarlatina and 3 from disease of the heart.

ERRATUM.—Page 530, vol. lv., 19th line from the bottom, for "always unheralded," read *rarely heralded*.

*Communications Received.*—Case of Spina Bifida, with Malformation of the Genitals.—Case of Pemphigus, or "Burnt Holes."—Etherization in Convulsions.

*Books and Pamphlets received.*—Consumption, by Dr. W. W. Hall.—Rhode Island Registration Report for 1855.—Address on the Life and Character of Robert M. Porter, M.D., late professor in the University of Nashville, by John Berrien Lindsley, M.D., Chancellor of the University.

*Deaths in Borton* for the week ending Saturday noon, January 31st, 83. Males, 55—Females, 28. Accident, 1—inflammation of the bowels, 1—disease of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 4—consumption, 9—convulsions, 1—croup, 1—dysentery, 1—dropsy, 4—dropsy in the head, 2—debility, 2—infantile diseases, 2—diabetes, 2—scarlet fever, 23—typhoid fever, 1—fracture (compound) of the leg, 1—frost-bitten, 1—disease of the heart, 9—influenza, 1—inflammation of the lungs, 3—gangrene of the lungs, 1—marasmus, 2—palsy, 1—pleurisy, 2—disease of the spine, 1—teething, 2—tumor, 2—unknown, 1.

Under 5 years, 34—between 5 and 20 years, 11—between 20 and 40 years, 13—between 40 and 60 years, 17—above 60 years, 8. Born in the United States, 59—Ireland, 15—British Provinces, 4—other places, 5.

*New Operation in Surgery—Disarticulation of the Scapula.*—The entire scapula, with its processes and glenoid cavity, were removed, in the Royal Infirmary of Edinburgh, on the 1st inst., by Mr. Syme, on account of a cystic-sarcomatous tumor. The patient, an elderly female, is doing well, and the arm promises to be wonderfully little diminished in usefulness through the absence of the shoulder-blade.—*Lancet*, Oct. 11, 1856.

This is not the first time that disarticulation of the scapula has been performed. During the last spring a man entered the Charity Hospital, in this city, with the whole shoulder so terribly lacerated (railroad accident) as to induce the operation. The accident happened in the country, and it was many hours before the patient entered; consequently he was extremely exhausted. The operation was performed by Dr. Choppin, resident surgeon, but without success.—*New Orleans Medical News and Hospital Gazette*.

*Dimensions of the Brain of an Idiot.*—The following measurements of the head of a female idiot, who lately died at the Lunatic Asylum at Flatbush, L. I., are given by Dr. THOMAS TURNER, the Chief of the Hospital.

|                                          |             | General Average. |
|------------------------------------------|-------------|------------------|
| Circumference,                           | 13½ inches. | 21 inches.       |
| Largest diameter,                        | 4¾ “        | 7½ “             |
| From opening of ear<br>over top of head, | 8 “         | 15 “             |

The brain weighed only eight ounces. Gall denies intelligence to crania which are only from 14 to 17 inches in circumference, and ANDRAL says that 18 inches may be regarded as the circumference necessary for intelligence. The total want of intellect in the subject of this notice, where there was apparently no diseased or abnormal condition of the brain, apart from deficiency in size, confirms the correctness of the observations of these authorities.

*Epidemic of Typhoid Fever in Tennessee.*—For several weeks past (January 10) a very fatal typhoid epidemic has been prevailing at Russellville, Jefferson County, Tenn. In some instances whole families have been prostrated, one after another succumbing under the disease. The only resident physician, Dr. Snapp, a gentleman of scientific attainments, in the midst of his arduous labors, was called to mourn over the death of his wife. We extend to him our heart-felt sympathies for his loss. Medical aid went from this city and Rogersville, but from last accounts the epidemic was still prevailing.—*Southern Jour. of Medical and Physical Sciences* (Knoxville).

THE friends and admirers of Dr. Mütter, late Professor of Surgery in the Jefferson Medical College, will be gratified to learn that he has in a great measure recovered from the severe attack of gout with which he suffered soon after reaching Paris, and is spending the winter at Nice.—*North American Med.-Chir. Review*.

At the recent sitting of the Army Medical Board, at St. Louis, only two out of fifteen or twenty candidates succeeded in passing the examination. The fortunate young gentlemen were Drs. Lewis Taylor and S. G. Hollenbush, both of Philadelphia, the former a graduate of the University of Pennsylvania, and the latter of the Medical Department of Pennsylvania College.—*Ibid*.



## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

THIS Periodical entered upon its 55th volume in August, 1856, and is issued weekly, as heretofore, from the office of publication, over 184 Washington Street, Boston. The two publications, a union of which in 1828 formed the commencement of the present work, were the *New England Quarterly Journal* and the *Boston Medical Intelligencer*. The former was commenced in 1812, by Drs. J. C. Warren, W. Channing and others, and was carried on by them, as proprietors and editors, for sixteen years. The latter was begun in 1823, by Dr. J. V. C. Smith, the late John Cotton being proprietor and publisher. Dr. S. was editor till 1825, and was succeeded by Dr. James Wilson. In 1826, Dr. J. G. Coffin purchased the work of Mr. Cotton, and remained proprietor and editor till 1828, when he sold it to the editors of the *New England Quarterly*, mentioned above, who united the subscription lists of the two works, and commenced the publication of the present *Boston Medical and Surgical Journal*. After one year Mr. Cotton re-purchased the work, and it was then edited by Dr. Chandler Robbins till August, 1834, when Dr. J. V. C. Smith again took the editorship. Its different proprietors have always endeavored to make it a convenient and acceptable organ, through which the regular medical profession, in all parts of the country, might receive and impart instruction upon matters relating to their calling. It is believed that these efforts have not been unsuccessful, and that the volumes of the work now constitute a valuable record of all the matters of interest which have engaged the attention of the profession for more than a quarter of a century.

Since the commencement of the 52d volume, in February, 1855, the editorial department of the *Journal* has been in the hands of WM. W. MORLAND, M.D., formerly Secretary of the "Boston Society for Medical Improvement," and FRANCIS MINOT, M.D., Secretary of the "Boston Medical Association." This arrangement has been found peculiarly favorable to securing something weekly for its pages from the medical learning and experience of Boston. Hospital Reports, and extracts from the Records of the Medical Societies of the city, are now furnished, as well as cases in the private practice of individuals. Communications also continue to be received and published, and are still solicited, from physicians in other and distant parts of the country. The work is not devoted to the interests of any medical school or party, and its editors will maintain an independent course in their reviews and notices of new publications. In the admission of articles from correspondents, they will be as latitudinarian as is consistent with the conveyance of instruction to the reader and true progress in science. A report will be given weekly of all medical news considered worthy of permanent record—thus making the contents of each number, though mainly practical, sufficiently varied to render its frequent visits welcome and interesting.

The subscriber having been connected with the *Journal* from its commencement, and its sole proprietor since 1834, is familiar with the wants and wishes of the profession in regard to it. It will be his endeavor, as it has heretofore been, to make it useful and acceptable to scientific practitioners in every part of the country, and to send it to them in a convenient form, correctly and neatly printed, and of liberal size for the price.

Both a weekly and monthly series are issued, and subscribers can have their choice. The former is published every Thursday, and the latter on the 1st of each month—the price of either being \$3.00 a year in advance. There are two volumes in a year, of over 500 pages each, beginning in February and August. Back numbers of the volume at any time in course of publication can be furnished, as well as complete sets, generally of preceding volumes.

DAVID CLAPP, PROPRIETOR AND PUBLISHER.

BOSTON, DEC. 1, 1856.



# MEDICAL JOURNAL ADVERTISING SHEET.

**DR. MATTSON'S PATENT PREMIUM FAMILY AND OTHER SYRINGES;**—The best assortment in the United States; manufactured by **MATTSON & CO., Boston.**

*Beware of inferior and deceptive imitations!*

A **SILVER MEDAL** (the highest premium) was awarded by the Massachusetts Charitable Mechanic Association, in September, 1893, to "*Mattson's Elastic Valve Syringes.*" The judges were Drs. Henry G. Clark, George Bartlett and George H. Gay, eminent Boston physicians. Premiums were also awarded at the recent Fair of the American Institute, Crystal Palace, N. York; by the Franklin Institute Exhibition, Philadelphia; and by various other Associations.

**MATTSON'S PATENT ELASTIC SYRINGE.**—This has no rival in neatness, efficiency, and portability. It is furnished with the patent elastic valves, fills through atmospheric pressure, and is an admirable male and female self-syringe. "The best enemata apparatus known to us," was the report of the Judges of the aforesaid Charitable Mechanic Association. Each Syringe is accompanied by Dr. Mattson's *Illustrated Manual of Directions*, 164 pages. Price \$3.00.

**ARNOTT'S CHEAP ELASTIC SYRINGE;**—manufactured by Mattson & Co.; similar to the above, except the ball valves; is neat, well-made, and serviceable. Sold without the Manual. Price \$2.50.

**MATTSON'S PATENT POCKET SYRINGE.**—A small-sized metallic pump, with the elastic valves, and differing entirely from other Pump Syringes in being constructed so that the piston may be worked with one hand. This is indispensable in the use of vaginal injections; hence, ladies do not purchase any other form of Pump-Syringe. Sold with the Manual. Price \$3.50.

**MATTSON'S PATENT METALLIC PUMP-SYRINGE,** identical with the above, excepting the ball valves; neat and well made; Manual included. Price \$3.

*Notice.*—The late Dr. Warren, of Boston, so well known throughout the United States and Europe, said of the aforesaid Manual—"It appears to be of a useful and practical nature, and free from any tendency to empiricism." The Judges of the aforesaid Mass. Char. Mec. Association say,—"The little book sold with the Syringe is worth to the purchaser many times what he pays for it."

General Depot, **MATTSON & CO.,**  
39 Tremont street, Boston.  
The well-known drug house of **THEODORE METCALF & Co.,** late Joseph Burnett. For sale by all principal druggists. Liberal discounts to the trade. Priced circulars furnished on application.  
Liberal discount also to physicians.

*Dr. MATTSON has revoked the agency of Mark Worthley, and has no connection with him, nor his hired man, Thomas Lewis.* Feb 5-tf

**A DESIRABLE LOCATION FOR A PHYSICIAN.**—with or without Real Estate, is offered for sale cheap; free from competition. For particulars, address Box 488, Post Office, Worcester, Mass. Feb. 5-3t

**SPRING BED FOR INVALIDS—HOWE'S PATENT.**—This is the cheapest and most complete article for Invalids ever offered to the public. While it has all the advantages of "Howe's celebrated Elliptic Spring Bed Bottom," it has the requisite conveniences, which enables the body to recline at any inclined position desired. The head of the bed, also, may be raised and the foot lowered, so that the patient may sit up, as in a chair.

Physicians and others are respectfully invited to examine this invaluable article, at the Bedstead and Bedding Store, No. 37 and 39 Brattle st., next door to the Quincy House, Boston. Jan. 29-1m

**INSTRUMENTS FOR PHYSICIANS AND FAMILY USE.**—Silver and Glass Drinking Tubes, by which liquids can be administered to a person laying on the back or side. *Thayer's Nursing Bottles and Shields*, the best in use. *Spermatorrhoea Rings*, for preventing nocturnal emissions. Also, Syringes of all descriptions; Bongies and Catheters, silver and elastic; Speculums, Breast Pumps, &c. Sold at 27 Tremont Row, Boston, Mass. (opposite the Museum), by

**J. RUSSELL SPALDING, Apothecary.**  
All orders by mail will receive prompt attention. April 5.

**FOR SALE.**—An extra stand for a Physician in a thriving New England Village. For particulars, address Journal Office. Feb. 5-3t

**DISEASE OF THE THROAT AND LUNGS.**—The subscriber, in connection with his general practice, gives special attention to the examination and treatment of Diseases of the Throat and Lungs. Office hours from 2 till 4 o'clock, P.M. No. 61 Warren street, Boston.  
Sept. 13-1yr **WILLIAM LEACH, M.D.**

**BURNETT'S PURE COD-LIVER OIL.**—Carefully Prepared only from Fresh and Healthy Livers, by **THEODORE METCALF & Co.,** Apothecaries, 33 Tremont Street, Boston, Mass., sole proprietors.

From *Pereira's Materia Medica*, Vol. II., Part II., page 2243.

"The experience of the profession at large appears now quite to have established the fact that *Cod-Liver Oil* is one of the most efficacious of all remedies in arresting the progress of pulmonary phthisis: that it enables patients to struggle on longer against the inroads of the disease, and thus enables them sometimes to obtain cicatrization and contraction of cavities which otherwise must have produced speedy death." Dec. 13.

**SURGICAL INSTRUMENTS—KINGMAN & HASSAM,** having purchased of P. Kessler & Co. their entire stock of Surgical Instruments and Cutlery, are now prepared to furnish Physicians and Institutions with any instrument used in Surgery, either of our own or of foreign manufacture, at low prices. Having our manufactory in the same building with our store, we are enabled to give our personal attention to the making of our instruments, as also to the making of any new instruments and repairing.

Our stock comprises amputating, trepanning and operating cases combined in one case, styled the "California Case"; amputating and trepanning cases, combined and single; eye case; operating, post-mortem, dissecting and pocket cases, of our own, also of French and English manufacture, of every style and finish; cupping cases; glass and horn cups; obstetrical instruments, single and in sets; speculums; sounds; gum, metallic and silver catheters and bougies; pessaries of various patterns; tonsillators, stethoscopes, ear trumpets and tubes, &c. &c.

We always have on hand a great variety of common and self-injecting enemata from various manufactories. Also, anatomical syringes, and anatomical preparations.

Any instrument purchased at our establishment is warranted to give entire satisfaction.

**KINGMAN & HASSAM,**  
Successors to P. Kessler & Co.,  
128 Washington st., Boston.  
Jan. 10-tf

**A RARE CHANCE FOR A GOOD PHYSICIAN.**—To take the place of one who wishes to sell out and retire from the active business of his profession. His property consists of a good house and lot, in good condition, well improved with various kinds of choice fruits, shade trees and shrubbery. It is situated in a small village in Saratoga Co., N. Y., beautifully and pleasantly located in a rich agricultural district, thickly settled by substantial farmers, having good level roads, and is in every respect a desirable place to live in. It is easy of access by railroad, with a long-established professional business worth \$1,200 a year. No competition. Terms easy. For particulars, address

**H. W. STEENBERGH, M.D.,**  
Jan 8-4m Malta P. Office, Saratoga Co., N. Y.

**VACCINE VIRUS.**—Physicians in any section of the United States, can procure true quills charged with *Pure Vaccine Virus* by return of mail, on addressing Dr. J. V. C. Smith, No. 10 Temple place, Boston, enclosing one dollar.

**THE Boston Medical and Surgical Journal**

IS PUBLISHED EVERY THURSDAY

At 164 Washington st., corner of Franklin st.

**DAVID CLAPP, PROPRIETOR AND PUBLISHER.**

Price.—Three dollars a year, in advance; after three months, \$3.50; if not paid within the year \$4. For a single copy, 5 cents.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. LVI.

THURSDAY, FEBRUARY 12, 1857.

No. 2.

---

## CASE OF SPINA BIFIDA, WITH MALFORMATION OF THE GENITALS.

BY S. KNEELAND, JR., M.D., BOSTON.

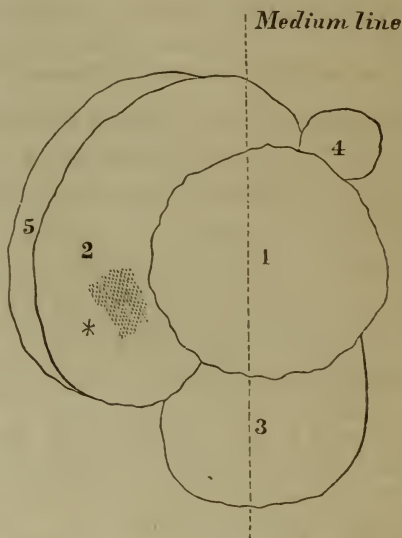
[Communicated for the Boston Medical and Surgical Journal.]

THE child was two days old when first seen by me in consultation. Both parents were healthy, though the mother had suffered somewhat from leucorrhœa during pregnancy. First child. Nothing remarkable occurred, during her pregnancy, which led her to fear that anything would be wrong with the child. In the early period she was somewhat frightened by a crazy man, but only for a short time; in the seventh month she saw a large black bear, which had been shot in the neighborhood, and in which the spinal column had been split open in the dorsal region by an axe. These are mentioned not as probable causes of the arrest of development, but as curious coincidences.

The head, chest and upper extremities were remarkably plump and well developed; the head was covered with an extraordinary quantity of black hair, in connection with which it may be mentioned that both parents had black hair. Nothing abnormal could be detected in the cranium, except that the fontanelles were remarkably open, and the parietal suture was open about two thirds of an inch in width for its whole extent; the head was of average size for a child at term. The labor was easy, and of about six hours' duration; the head presented; the umbilical region normal.

At birth there was, over the last lumbar vertebræ, a tumor of a circular form, about one and one fourth inch in diameter, and an inch in prominence, flattened at the top, with a small pedicle entering an opening in the vertebral column, the bony edges of which could be felt. This tumor was covered with ordinary skin, not discolored, but having considerable hair on it, especially around its exit from the canal; it was of a cartilaginous feel, slightly compressible, and quite hard, almost bony, under the middle of its upper surface. Pressure on this made the child shrink and cry. Besides this tumor, there were around it four others,

of different sizes (marked 2, 3, 4, 5); these did not seem to communicate with each other. At birth these presented a wrinkled, flaccid appearance, and contained little, if any, fluid. They began to fill, however, soon after, and at the end of six hours were completely distended. Their walls consisted of an exceedingly delicate membrane, so thin that they could not be handled with sufficient freedom to examine them satisfactorily. They presented a livid appearance, and had vessels ramifying in their tissue. The largest one, on the left of the spine, appeared ulcerated, and a thin serous fluid constantly oozed out at the spot marked (\*). There did not seem to be any "suintement" from the other tumors. On raising them gently with a probe, the membranes could be traced into the spinal opening. The tumors appeared to be rather sensitive, as the child cried when they were touched, and it could not bear to be laid on its back. Below the tumors, the spinal column was closed for about half an inch; below this, in the region of the lower part of the sacrum and coccyx, no bone could be felt. Gentle pressure did not affect the discharge, and did not cause any perceptible fulness at the fontanelles. The soft tumors were in part overlaid by the large one, marked "1"; the soft tumor "5" was almost entirely covered by the tumor "2."



There was also malformation of the genital organs. Below the pubic region there was a protuberance, about one third of an inch in prominence, and the same in diameter, looking more like an inversion of the mucous surface of the bladder than a penis—from this the urine constantly dribbled. There did not seem to be any bone where the pubis ought to be, and the finger could be pressed down quite deeply above the "penoid" protuberance into a yielding mass of viscera, which, from the gurgling of air and fluid, were evidently folds of intestine; whether these descended into the structure next described, forming a hernia, could not be clearly made out. On each side of the penis was a scrotum, extending round under the perinaeum to within half an inch of the anus; I call this a scrotum (though I could detect no testis



in it) from the perfect resemblance of its wrinkled skin to that organ. This scrotum was about an inch wide and high in its middle portion, whence it faded out gradually towards the penis and anus; it looked very much like the old-fashioned epaulette of the common soldier. Between these scrotums, or "scrota," was a fissure extending for their whole length, which could be opened for about half an inch in its deepest part; it presented the ordinary appearance of the genital mucous membrane. No opening could be seen in it; from the struggles of the child, I did not examine at that time with the probe.

This malformation of the genitals is interesting, in connection with three cases of spina bifida reported in the October number of the *American Journal of Medical Sciences* by Dr. Byford; his cases were complicated with prolapse of the uterus, while this child was evidently a male. It is much to be regretted that it was impossible to obtain a *post-mortem* examination in the present case. There was quite a growth of hair on the back between the shoulders, and the legs just above the ankles were very black with a long silky hair, gradually lessening towards the knees. The right foot was abnormally flexible on the leg, either from laxity of the ligaments or imperfect development of the bones; the dorsum of the foot could be put with perfect ease in contact with the anterior aspect of the leg. There was nothing of this in the left foot, and the lower extremities were normally developed in other respects.

Up to this time the child had seemed as well and strong as children generally. It swallowed well; its movements were strong; the rectum and bladder were duly evacuated; and there was no paralysis of the lower extremities. The cries were loud and prolonged, and moving it evidently gave it pain. At the end of the second day it was suddenly seized with general convulsions, in which the extremities and the face were affected; the eyes turned up, frothing at the mouth, and incessant crying; these lasted about three hours, and subsided of their own accord. The breathing from the birth had been at times of a sobbing, convulsive character. The chest was remarkably round and large. As yet there was no sign of coma or cerebral disorganization.

The child was fed on cracker soaked in water, as the mother had no milk; and, if she had, the child would not have been presented to her. A few drops of paregoric were the only medicine given, which kept the child still; cloths smeared with sweet oil were placed over the tumors to protect them from the friction of the dress.

During the third day the convulsions occurred at intervals, their intensity gradually lessening with the powers of life. Death took place in the evening of the third day. Coma gradually supervened, and the child had the appearance and actions of cerebral



rather than of spinal disease. A short time before death, the cranial sutures, including the frontal and occipital, were open to such an extent that the vault of the cranium had not sufficient firmness to sustain its own weight, but gravitated in a perfectly flaccid manner to one side or the other, as if its walls were membranous. There was evident hydrocephaloid effusion, which was doubtless the immediate cause of death. The large tumor marked "2" burst before death, and gangrene had begun to affect all the soft tumors, as indicated both by the fœtor and the color of their tissue.

---

#### A CASE OF PSEUDO-MEMBRANOUS CROUP.

BY THOMAS F. BARTON, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

I REPORT the following case of pseudo-membranous croup, as possessing peculiar interest only in the unusual length and completeness of the tubular membrane expectorated.

I lately saw a little girl, six years of age, on the sixth day of her illness, laboring under the disease here alluded to. She had had no previous medical attendance. I was told that, upon the day before, she was sicker than usual, till, during a fit of coughing, accompanied with spontaneous vomiting, she expectorated a stringy substance, strongly exciting the attention of the attendants, after which, it was thought, she was getting well, but that the disease was now returning with more than its usual severity.

Upon examination, I found that the child had expectorated a false membrane, which by measurement was four inches in length above its point of bifurcation. Below this point, one branch was one inch, and the other two in length. The longer branch was also subdivided near its lower extremity into two smaller branches. The main trunk of the membrane and its branches was entirely whole, and perfectly tubular up to about an inch above the bifurcation mentioned. There was then a longitudinal fissure, with ragged and irregular edges, for about an inch and a half, while the remainder of the laryngeal end of the tube was perfect. The side of the tube containing this fissure was much its thinnest portion. Here, then, had been detached and expectorated, a continuous membrane six inches in length, having its integrity but slightly broken in one place.

The child died on the eighth day from its attack. No autopsy was held. I could not learn that any symptoms of bronchitis preceded those peculiar to croup, and hence inferred that the disease began in the laryngo-tracheal mucous membrane.

It would be interesting in a case like this, to inquire, from an examination made after death, whether the fatal termination took

place from an extension of the fibrinous exudation deeply into the bronchi, producing suffocation, or from its general renewal in its former site. We do not know whether the conjoint effect of two causes, in many instances, could have come from either operating separately. In this case, I concluded that a fresh fibrinous exudation must have occurred (in the larynx at least), from the sound of the voice and cough, and from the increasing stridulous respiration, all of which were represented to me as having assumed the same character which they had had previous to the discharge of the false membrane. There were no patches, however, of fibrinous deposit visible about the fauces.

So insidious was the attack in this case, that the disease was scarcely suspected by the parents till the sixth day; while a case of catarrhal croup, a disease so comparatively harmless, yet so often alarming in its initial symptoms, would have thrown a whole neighborhood into a speedy tumult and demanded the unremitting attention of the physician.

*Jefferson, Me., February 2d, 1857.*

#### ETHERIZATION IN CONVULSIONS. ✓

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Your valuable Journal has been a welcome visitor to my office for more than a thousand weeks, and I have perused its pages with interest and advantage. My few contributions to your pages remind me that I should not withhold anything in my experience, of practical importance, from our noble profession.

I think etherization, in cases of convulsions in children and adults, is not fully known and appreciated. To every case of teething convulsions, in my practice for the last three years, I have administered the pure sulphuric ether, and immediate restoration has followed with the most pleasing effect.

A severe case of puerperal convulsions occurred in my practice last month. A lady who had, at three previous pregnancies, miscarried at periods varying from four to seven months, was taken with the usual symptoms of abortion, and sent for me in haste. Perfect quiet and an anodyne were prescribed; the alarming indications soon passed off, and I left. About three o'clock the next A. M. I was sent for, and on arrival found the patient recovering from a convulsive fit. Bleeding, a cathartic, cold to the head, sinapisms to neck, legs, &c., did not prevent the recurrence of three more convulsions in less than ten hours, when I commenced the administration of sulphuric ether, and although no more convulsions occurred, it was not until near the end of forty-eight hours that the nerves became so calm as to allow the ether

to be omitted altogether. Ten days from the first attack the lady was delivered of a seven months' child, which had evidently been dead from the time of the first convulsion.

I have had a severe case of convulsions of a married lady, this week, and etherization shortly restored the patient to a healthy condition.

I consider ether really the only safe and efficient remedy for convulsions of *teething children*, or adults, now known to the profession. Probably the half is not yet learned that etherization can accomplish for suffering humanity. N. J. KNIGHT, M.D.

*Somerville, January 30th, 1857.*

## THE RATIONALE OF THE FATAL TENDENCY OF THE WARM BATH IN ASPHYXIA.

BY MARSHALL HALL, M.D., F.R.S., ETC.

THERE is a physiological relation between the circulation and the respiration, any deviation from which, in either direction, is of a fatal tendency.

During the systemic (not the pulmonic) circulation, carbonic acid is formed; in respiration, the oxygen necessary for the formation of this carbonic acid is supplied, and the carbonic acid so formed is evolved from the system.

The immediate baneful effects of the suspension of respiration arise from the privation of oxygen, and from the retention of the carbonic acid previously formed, which becomes a blood-poison.

An animal placed in perfectly *pure nitrogen* or *hydrogen* gas dies in violent convulsions instantly. And this is doubtless owing to the privation of oxygen, for carbonic acid might be exhaled into nitrogen or hydrogen gas.

But an animal dies also in air consisting of such a proportion of *carbonic acid with oxygen* as to prevent the evolution of carbonic acid from the blood, although the quantity of oxygen might be so great that a taper blown out, and burning only as a *spark*, would be instantly kindled into *flame*.

If, without producing effects so sudden as those described, we change the relative proportion of the respiration and the circulation, morbid phenomena are produced special to each case. If the circulation be disproportionately augmented, carbonic acid is formed, and being morbidly retained, slighter convulsion and slower death ensue. If the respiration is unduly and disproportionately augmented, the animal is *cooled*; for mere *pulmonary* respiration is a cooling process, by the difference of temperature of this *inspired* and *expired* air; and in this case, also, the animal dies, but now from loss of temperature.



This latter is the case with the asphyxiated patient, if the respiratory movements be unduly hastened—that is, disproportionately to the rapidity of the remaining circulation.

On the other hand, if in the asphyxiated we excite the circulation without simultaneously and proportionately inducing the respiratory movements, we destroy our patient by carbonic acid, formed in the course of that circulation, and uneliminated by respiration.

This statement leads me to the proper subject of this paper—the Rationale of the Injurious and Fatal Tendency of the Warm Bath in Asphyxia: for it *is* injurious, and has, I am profoundly convinced, of itself proved fatal in cases in which the patient, without it, would have *spontaneously* recovered.

In such a case, it is surely not less essential to the progress of science and our art to remove error than to establish truth.

Warmth is so obviously a stimulus, and a stimulus is so apparently required for a patient taken out of the cold water in a state of asphyxia, that in recommending the warm bath we seem to be addressing ourselves to the common sense of mankind, and it was a step in advance to entertain a *doubt* on the subject.

But when we begin to experiment—when we learn that an animal deprived of respiration by being submerged under water, *lives longer* in *cool* water than in *warm* water, we learn to consider whether, in fact, coolness is not more favorable to life in the asphyxiated from submersion, than warmth. We recall to mind, too, that animals bear the abstraction of respiration in proportion to their coolness: the hybernant animals and the batrachian tribes will scarcely drown at all. If a kitten be first cooled, or if it be immersed in cool water, it will not drown so soon as it would do if submerged at its ordinary temperature in water of the same temperature—facts established by Edwards, by M. Brown-Séguard, and myself, and witnessed by the secretary of the Royal Humane Society, and by its superintendent, in Hyde-park.

Thus experiment is made to correct preconceived ideas, however apparently consonant with common sense.

There are other facts which point to other modes of treatment of the drowned, which the administration of the warm bath necessarily excludes. If a poor creature be perishing for want of food, we cautiously administer food. If a man be, in like manner, perishing for want of air, should we not administer air? Is this not simple and reasonable? And in the case of drowning, is not the want of air the first condition to which we should bring succor, and the want of temperature the second or third? And should we not first administer to the first want? Then in the case of drowning, we should administer air first and warmth in the second place. But may not the warmth administered without



air do great and absolute injury? It raises the temperature, and in so doing augments the necessity of respiration to life.

In the *first* place, if *any* effect be produced by the warm bath, the circulation is accelerated. But to accelerate the circulation without inducing, at the same time, efficient respiration, is to augment the formation of carbonic acid—the *blood-poison*—without its elimination from the system, and it induces, consequently, a fatal result;

*Secondly*, all *excited* respiration through the medium of the cutaneous excitor nerves is excluded, the uniform temperature of the warm bath excluding the excitants of those nerves arising from the *alternate* application of *heat* and *cold* to the surface;

And *thirdly*, *imitated* respiration is excluded by the very sustained position of the patient, excluding, as it does, alternate pronation and rotation, and pressure applied and removed, or changes of position and compression, which induce respiratory movements.

So that the warm bath is not only positively injurious by *poisoning*, but negatively, by excluding the de-poisoning process.

*Lastly*, the warm bath excludes those frictions of the limbs upwards, with pressure, which really constitute the most effectual means of promoting the circulation and warmth.

Nor is it unimportant to save the *time* expended in preparing the warm bath, or in carrying the patient to it.

And it is scarcely a minor point to direct *all our thoughts and energies*, undiverted, to *the* important remedies exclusively.

In conclusion, the warm bath is of *doubly fatal tendency*: it is so in itself positively; and it is so negatively, by excluding every real remedy.

All have heard of the *Grotto del Cane*. The poor dog is put into the carbonic acid, and taken out asphyxiated. It is plunged—not into a *warm bath*—but into the water of the adjoining *lago Agnano*, and taken out—restored!—*London Lancet*.

#### BOSTON SOCIETY OF NATURAL HISTORY.

[From the Transactions of the Society at a meeting held January 7th, 1857.

Reported by B. S. SHAW, M.D., Secretary.]

DR. BROWN-SEQUARD, of Paris, who was present by invitation, addressed the Society. He stated that experiments, recently made, had proved that when air is forcibly drawn into the chest, there is a diminution in the frequency of the heart's action, sometimes to such an extent, that the pulsations amount to only two thirds the normal number. The explanation which has been given of this phenomenon is based upon mechanical grounds, but M. Séquard thinks, if this explanation be correct, it is so only to a certain extent. One other cause at least, that of a nervous influence, he has demonstrated to exist; and this is the action of the *par vagum* nerve. He finds that when

this nerve is irritated at its root, or galvanized, the action of the heart is arrested and not incited to increased frequency, as is generally the case when a nerve leading to a muscular organ is stimulated. When the chest of an animal is opened during life, without injury to this nerve, there is seen to be a control over the action of the heart, but if the nerve be cut across the control is lost. There is good ground for belief, therefore, that at every effort of inspiration there is a transmission of nervous influence along the par vagum nerve to the heart, acting as a check upon it and regulating its action, and thus preventing the increase of pulsation, which might otherwise go on in increased ratio to infinity under the excitement of forced respiration. It has been said that people have killed themselves by stopping the heart's action. One of the brothers Weber, of Leipzig, found that when an effort was made to contract the chest during a full inspiration, there was great suffering, fainting and almost death. Weber himself nearly lost his life trying the experiment. By irritating the various organs which receive branches from the par vagum, as the stomach, spleen, &c., it is found that the heart's action is diminished in frequency, and in some instances entirely suspended. Cases of sudden death from an external blow upon the stomach may be attributed to the same cause.

Dr. Séquard also referred to his researches upon the *Supra-renal Capsules*. These two small organs, lying in immediate connection with the kidneys, have been considered very unimportant until within a few years. Now it is found that when they are removed from the body of a living animal, there occurs a very great change in the blood and the animal dies in a short time. There is found to be an accumulation of pigment in the blood, and a peculiar form of crystals, not having the chemical reactions of hæmatoidine.

In answer to an inquiry, if the real use of these capsules was known, M. Séquard replied that his hypothesis was *that the function of the supra-renal capsules was to prevent the formation of pigment in the blood*, and he thinks he has isolated a substance from the blood which would be changed into pigment without the agency of these organs. This substance, perhaps, may be produced in such a quantity that the capsules cannot destroy it, even when they are in a healthy state. In the disease described a short time since by Dr. Addison, of London, and known as *bronzed-skin disease*, the coloring matter of the skin, examined under the microscope, proves to be the same as that of the negro's skin. And, as in the blood, in the same disease, there are found pigment cells, pigment granules contained in a peculiar substance, and certain crystals referred to above, he thought there was some ground for the inference that these organs are *pigment-destroying agents*. He had seen the crystalline plates sufficiently large to become impacted in the smaller vessels and to prevent the circulation of the blood, and consequently he believed if they were not the primary cause of many disturbances of the nervous influence, they were at least a partial cause.

The President (JEFFRIES WYMAN, M.D.) exhibited a foetal porpoise, presented by Capt. Atwood, and called attention to the embryonic condition of the jaw, which was at right angles with the vertebral column: and to the peculiar form of the tail.

The President made some observations upon certain points in the

anatomy of the blind fish of the Mammoth Cave. In examining the structure of the ridges about the head, he had found each ridge to consist of a series of papillæ, lying close together, and beneath them a branch of the fifth pair of nerves, sending off smaller branches, and forming a very sensitive plexus for each papilla. The larger fish also present the same ridges and minute structure along the body between the head and tail.

He had also found, in the same specimens, rudimentary eyes, as formerly described by him, and he had dissected out also several muscles, or bundles of muscular fibres, on each side of the eye. The stomach of each of the specimens contained a fish with large eyes, in a partially digested state. As far as he knows, this is the first instance of fish with eyes being found in the Cave.

Capt. Atwood observed that it was very common for many fish to eat their own species. Small mackerel are always found in the stomachs of large mackerel when they are abundant.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JAN. 12th.—*Vesical Calculus in a Woman, extracted by the Urethra; Death; Autopsy.* Dr. CABOT reported the case.

The patient was 33 years of age, and had had a thick grayish sediment in the urine for the past five years. Stone was detected by sounding, more than a year ago; it was large at that time. The principal symptoms had been, frequent uncontrollable desire to micturate, pain before and after micturition, and sudden stoppage of the urine. This last symptom had become so constant as to require the daily use of the catheter. Urine offensive.

Jan. 1st.—The patient having with much pain introduced a catheter, a large stone was readily felt, although, from the extreme pain caused, no attempt at a thorough examination was made.

2d.—The woman having been fully etherized, was placed on her back in the usual position; the urethra was found to be large and easily dilatable, so that the little finger, well lubricated, passed readily and without force into the bladder, where a large and rough stone could be felt quite near, or upon, the neck of the organ. With slight effort and rotatory movements, the fore-finger was then passed; then the middle finger, then a narrow pair of lithotomy forceps, with which the stone was seized: but being found too large to pass the urethra, ineffectual efforts at breaking were made with various instruments. It was found to be too large to control by the fingers in the vagina, and accordingly it was again seized with the lithotomy forceps, drawn up near the urethra, and a pair of tooth forceps, having long narrow jaws, were passed up between the blades of the lithotomy forceps, the points pressed against the stone, and pieces broken off from it by a sort of gnawing process. During this part of the operation, the handles of the lithotomy forceps were held in the left hand and carried to the right of the median line, and somewhat depressed, in order to



give greater facility for the introduction and use of the tooth forceps. After spending about half an hour in these efforts, feeling that it would be very important to remove every portion of the stone from the irritated bladder, and, moreover, that the operation must not be prolonged farther, for fear that the mere prolongation would be a great source of danger, Dr. C. decided that what was left of the stone must be extracted, by cutting if necessary. Having released the stone, he succeeded in getting hold of it by its smallest diameter, and, upon making a moderate effort, the stone was extracted by the urethra, without the employment of the knife. The vaginal portion of the passage having yielded largely, the extraction was made nearly upward, that is, at right angles to the trunk.

Dr. BACON stated the weight of the calculus to be 280 grains, including the fragments preserved; that its structure is cellular and not crystalline, and there are no concentric layers, so far as the interior is exposed; that it is chiefly composed of triple phosphate, mixed with phosphate of lime, a little carbonate of lime, and considerable urate of ammonia.

Dr. Cabot thought that the original stone, judging from its present shape, must have weighed, before its size was reduced, over 300 grains.

The whole time occupied in the operation was fifty minutes; during and after which a careful examination of the urethra and neck of the bladder was made with the finger, without detecting any laceration. The bladder was thoroughly washed out with tepid water, and a full opiate directed as soon as the patient should recover from the sickness caused by the ether.

During the afternoon, the patient had much nausea and vomiting, rejecting opiates, brandy, &c., but this was relieved by a mustard plaster to the epigastrium, and she slept three hours during the night.

3d.—She spoke of tenderness in the lower part of the abdomen; leeches were applied with some apparent relief. At 9, P. M., she began to complain of general tenderness in the abdomen; twelve more leeches were applied, pulse being at that time 112, and of good strength. She began to sink early in the morning of January 4th, and died at half past 10 or 11 o'clock.

*Post-mortem* three days after death, by Dr. ELLIS. There was greenish discoloration of the *skin* in the hypogastric region. Some vascularity of the lower edge of the *large omentum* and of the loops of the *small intestine* lying just above the pelvis, but no general peritonitis. A little brownish fluid was found in the cavity of the pelvis. The *cellular tissue* in the pubic region, in the anterior half of the pelvis, was of a brownish color, quite offensive, moist and very soft, so that it was readily torn. The *urethra* was quite large, admitting the forefinger with ease. In the portion next the bladder, and to the right of the arch of the pubis, was a sloughy opening of an inch in length, extending into the bladder; it had the appearance of being formed by the sloughing of the part, the tissues in the neighborhood being of a blackish color and very soft. The mucous membrane of the urethra was of a dark red color, as was also that of many parts of the *bladder*. The *ureters* and *pelvis of the kidneys* were much dilated, and contained a dirty brownish fluid. The substance of the *kidneys*



was softer than usual, and in many parts yellowish, as from the deposit of pus.

The principal objection to the operation by dilatation, seemed to be the pain and violent contraction of the sphincter, but as the use of anæsthetic agents obviates this difficulty, there seemed to be no good reason why it should not be adopted. Dr. C. thought that the result of this operation should weigh but little, if at all, against this mode of operating; his reasons being that from the position of the lesion, it was probably caused by the pressure of the blades of the forceps and the rough surface of the stone acting upon a diseased bladder, a circumstance which could not be wholly prevented. During the passage of the stone through the urethra, little if any pressure could have been made upon the part showing marks of injury, as the extraction was made in a direction which would cause pressure rather on the lower edge of the pubic bone, whereas this lesion corresponds principally to the upper and right side of the pubic bone, just where we should look for injury from pressure caused by the stone and the lithotomy forceps, while the handles of the latter were held to the left of the median line.

The misfortune in this case was, that it was necessary to employ two methods; had the stone been a little smaller, it was Dr. C.'s opinion that it could have been extracted without serious injury, but the necessity of reducing its size and afterwards extracting, caused a double risk; had the stone been as easily broken as is usual in this class of stones, it could have been crushed and removed in fragments without much risk. But, as will be seen on examining the specimen, it has a peculiar cellular, instead of a crystalline formation, somewhat like scoria in its appearance, and though friable in detail, is very firm as a whole.

Dr. Cabot, in conclusion, alluded to several cases of stone in which the calculus had passed spontaneously. Bartholin mentions a case where a calculus of more than two inches in diameter was expelled spontaneously by the urethra. Borelli speaks of one expelled in the same manner, as large as the finger. Middleton says that, in a fit of coughing, a woman expelled one that weighed four ounces. Heister mentions cases where one as large as a walnut, and another as large as a hen's egg, were spontaneously expelled. F. Callot mentions one where a calculus as large as a goose's egg was spontaneously expelled. Molyneux says he has seen one which weighed  $2\frac{1}{2}$  ounces, which passed in the same way. Yelloly mentions one which weighed over three ounces. Planque mentions cases of even larger stones, expelled in the same manner. Kerkrings, Morand, Grunewald mention other cases as remarkable. M. Segalas had one of at least an inch in its smallest diameter. M. Simon mentions one of  $2\frac{1}{2}$  inches long by one in diameter. Mr. Harris saw a woman who passed one  $2\frac{1}{2}$  inches long by one in diameter, weighing 651 grains. And Velpeau, from whom these cases are taken, says, that "although some of these calculi may have come from the uterus and vagina, it is nevertheless incontestable that many of them passed by the urethra, and that in certain cases this enormous dilatation was not followed by incontinence of urine." Dr. J. B. S. Jackson informs me that there is a calculus as large as a medium hen's egg, which was

removed by the forceps from a woman's bladder, in the Museum of the Hospital at Halle. There is another in the Hunterian Museum, measuring  $1\frac{1}{2}$ ,  $1\frac{1}{8}$ , and 1 inches; also one measuring  $2\frac{1}{2}$ , 2 and  $1\frac{1}{2}$  inches, the former of which was removed by dilatation, the latter passed spontaneously.

JAN. 12th.—*Recurrent Tumor of the Orbit.*—Dr. BETHUNE showed the specimen, which was removed by him about the 2d of January. The history of the case may be found in the second volume of the Society's Records, page 326. Since the last operation, which is there recorded, the tumor again returned, being situated between the lower lid and lower orbital plate, causing considerable displacement of the eye, this organ being pushed both upward and inward. The patient was discharged well in a few days after the operation, the eye having returned to its place.

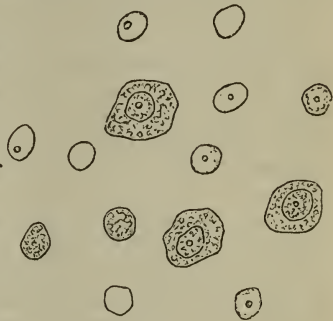
The following account of the microscopical appearance, together with the drawing, were furnished by Dr. SHAW.

"The tumor of the orbit presented similar microscopic appearances to those previously removed from the same situation.

"As before, it was composed principally of free globular or oval bodies, which are undoubtedly nuclei, each containing a distinct nucleolus, many of them granular, these being imbedded in a fibrous basis. Only few cells were seen. The latter contained the same nuclei, and were of irregular form and size.

"There was nothing distinctive of cancer or fibro-plastic disease. The nuclei, as before, resembled very much those of glandular structures, like the tonsils, but no lobulated tissue existed.

"I think this is a peculiar microscopic structure, as yet little known, which perhaps may be called cancer, or some other disease, at a future day."



JAN. 12th.—*Hæmorrhoids cured by the removal of a Foreign Body from the Rectum.* Case reported by Dr. SALTER.

Dr. S. was requested to visit J. N., Dec. 27th, 1856, who was suffering much from piles and difficulty of evacuating his bowels. He had been somewhat afflicted in this way for several months, and had been treated accordingly, but this day he was unable to walk about or evacuate his bowels. This was the first time Dr. S. had been consulted in the case. On examination, one tumor was found, about as large as a common-sized walnut, just outside the sphincter, which was not at all constricted, and of a light red color, but sensitive to the touch. On searching for internal tumors, Dr. S. discovered what appeared to be the point or end of a small stick, just within the anus. On attempting to remove it by the forceps, he found that the tumor was forced down at the same time, and the patient complained most bitterly of pain. Dr. S. inferred that a portion of this substance was imbedded in the tumor, and consequently pushed the substance upward into the rectum, and then seizing the tumor and drawing it to one side, pressing the forceps against the opposite side, withdrew the substance, which proved to be the rib-bone of some fowl. In the

course of a week the tumor disappeared, and all complaint of piles was at an end. The man had no recollection of ever having swal-



lowed the bone, and had no idea how long it had been in that position, although he had suffered much from pain in these parts for several months. The accompanying cut

gives the size and shape of the offending body.

JAN. 26th.—*Absence of the Omo-Hyoid Muscle.* Dr. HODGES mentioned having observed this anatomical anomaly, one which though well known, was of sufficient rarity and importance to make it worthy of record. It occurred in a female subject remarkable for muscular development. The muscle of one side only was wanting, the other being as usual.

### Bibliographical Notices.

*Contributions to the Transactions of the Pathological Society of London.*

By GEORGE D. GIBBS, M.D., M.A., F.G.S., Physician to the West London Dispensary, Physician Accoucheur to the St. Pancras Royal Dispensary, &c. &c. London: 1856. Pp. 15. With a Plate.

THIS brochure contains the details of a case of lobar pneumonia of the *whole* left lung, with disseminated carnification and emphysema of the right lung, in an infant of eight months, and who had never had pertussis; "carnification being believed by some recent writers to be almost exclusively the result of whooping cough."

There is a short account of a calculus taken from the bladder of a field mouse, supposed to be an unique specimen, and the details of a case of congenital malformation with certain singular anatomical peculiarities which cannot easily be made intelligible without the plate. Finally, there is the description of an ovarian tumor, of seven years' growth, and weighing 106 pounds, which was removed, *post-mortem*, from an unmarried woman, aged 31. The latter case embraces certain points of particular interest with reference to diagnosis; 1st, the unevenness or lobulated condition of the surface of the tumor, and, 2d, the elongation or stretching of the uterine cavity, this measuring  $7\frac{1}{2}$  inches, and the organ being otherwise round. These conditions would ordinarily be considered as indicative of the existence of fibrous disease of the uterus, and though the rule holds good in a great proportion of the cases, this and similar facts deserve to be constantly borne in mind.

Another interesting circumstance in connection with this case, was the existence of large vessels ramifying over the cyst. There are quite a number of cases reported in which this anatomical condition has been the cause of a fatal result after tapping, an operation which is usually considered so simple. G. H. L.

*The Unity of Medicine; An Introductory Lecture* by ALFRED STILLE, M.D., Professor of the Theory and Practice of Medicine in the Medical Department of Pennsylvania College.

THE above is the title of one of the introductory. At this season of the year these addresses are drugs in the market—some of them



bad, some of them very bad. A few of them are good enough to bear reading. They are generally well enough for the purpose for which they are written, but they do not contain enough that is important to make it desirable that the custom of publishing them should be perpetuated. We know that many members of the medical classes, who are poor in purse, would feel grateful to the professor who should respectfully decline "to grant a copy of his valuable remarks for the press." After the annual course of lectures has been completed, even the committees, of publication forget the introductions, and they go to the rubbish box with the newspapers of the day.

These remarks we should not make in a notice of *any* address which might be sent to us, because we would not wound the feelings of any one intentionally. We make them in this connection because Professor Stillé's Address is our text, and, upon the basis of *lucus a non lucendo*, we may be permitted to shoot by him without the least intention of making him our mark. It is not every Doctor of Medicine, we regret to say it, whose English will bear criticism, whose metaphors allow of translation, whose logic is up to the mark of Whately and Neill.

Dr. Stillé's Introductory is an endeavor to illustrate the unity of medicine, by an historical sketch of its branches, which embrace the normal and abnormal conditions of the structure and functions of man. His closing remarks are worth quoting, containing, as they do, the information which almost every student of medicine has to find out by experience. The advice coupled with it may be useful to the students of an older growth, who are so apt to neglect all parts of the science of medicine, except the one to which they are more particularly attached.

"It is not uncommon for students to indulge a preference for some one department above others, and to cultivate it at the expense of the rest—or perhaps, out of a feeling that particular branches are unnecessary for success, to yield them a partial and desultory attention. It may be that the established rules for graduation permit, if they do not actually encourage, this reckless contempt of interest and duty. But the student should exercise no such choice, and use no such license, as an imperfect and antiquated law allows him; he should feel it to be his duty to study with diligence *all* of the branches which are taught in the school that he attends. When he has faithfully done so, and only then, he will be competent to devote to some one among them the especial attention which his taste or his interests may dictate. But, in truth, accident more frequently than choice determines the special direction of the physician's talents. It would be easy to cite examples which prove how much stronger in this respect are circumstances than one's own will. In one, occurring in this very city, a decided predilection for surgery has not availed to prevent the embryo surgeon from becoming an eminent and exclusive obstetrician. The distinction and emolument gained by Velpeau as an obstetrical writer and practitioner, did not hinder his entire withdrawal from his original career and his entrance upon one in which he has become the most eminent surgeon of France, if not of the world. Thus in nearly every physician's history it will be found that his predilections have been forced to yield to the necessities of his position, to circumstances which he could not foresee, and for which he could provide only by making himself, while a student, a thorough medical scholar. A due sense, therefore, even of your own interests, a regard for the solid, if sordid, returns for the exercise of your skill, ought to persuade you that, as students, you should neglect no department of medical knowledge, but explore every one to the full extent that your opportunities may allow.

"I take for granted, gentlemen, that your leading object in professional life is



to become distinguished, to rise, that is, above the common level of your profession, and most of all above its lower ranks. I know that men are to be found (I hope not here) who are warmed by none of that noble ambition which is the very moving and vital principle of great minds, many who are content at the end of life to return to Him who gave it their talent unimpaired, but also unimproved; that there are physicians whose whole 'stock in trade' (the phrase seems an appropriate one) is a collection of prescriptions in which the changes are rung on combinations of active drugs, and whose whole library consists of that very excellent, but not quite sufficient book, the *United States Dispensatory*. But, gentlemen, I take for granted that you have not come hither with any such false or degrading notions; that you have not incurred the inconvenience and pain of a separation from those you love best, without having formed a more or less distinct idea that the schools of Philadelphia can furnish you with a professional education it was impossible for you to obtain at home. You must know already that the great toil of your life is before you, and that with your life only will it terminate. You should feel that the boundaries of knowledge are like the natural horizon, forever widening as you rise, and that although you should ascend above the ordinary level perpetually during a whole lifetime, scale every height, overcome every barrier, and even mount on wings as eagles into the highest empyrean that the mind of man has ever reached, you would still behold on every side the less distant, but still impassable limit, beyond which human genius cannot penetrate during the brief period of its earthly power.

"But because the finite and the transient cannot grasp the infinite and eternal, there is no reason why we should mope in some dark corner of the world, like bats that shun the light of day, or that we should sneer at those who, like the ambitious Icarus, perish in attempting too lofty a flight. We should remember our divine origin, that we are 'a little lower than the angels,' and that the only possible assimilation we can obtain to our Creator is by our improving to their utmost all of the faculties with which he has endowed us. By so doing, *we* may deserve the epithet 'godlike,' a title which is often impiously conferred on the scourges, rather than the benefactors, of the human race."

C. E. B.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 12, 1857.

### A FREE HOSPITAL.

WE see by the papers that the City Government has appointed a special committee on that part of the Mayor's Annual Address relating to the establishment of a free hospital. This is a subject of great importance when considered in a charitable point of view, and we earnestly hope that the project will not be dropped, and will meet with better success than did a similar effort in 1849. From the commencement of our medical experience, cases have constantly fallen under our observation showing conclusively the need of greater hospital accommodations for that large class of persons who are able to take care of themselves while in health, but who have not provided the means with which to maintain themselves in sickness. There are many persons included in this class who cannot be accused of improvidence, but who are placed there by circumstances beyond their own control. There also many mechanics, laborers, and male and female domestics who are strangers in the city, and who have no sure place of retreat when overtaken by sickness. To such, this institution would prove a real blessing, and they would gladly avail themselves of it, instead of the alternative of suffering from want and neglect in their

own poor dwellings, or of being sent with paupers and drunkards to the House of Industry on Deer Island.

Some weeks since, we had the pleasure of perusing a memorial to the Board of Mayor and Aldermen on this subject, headed by Robert C. Winthrop as President of the Boston Provident Association, and signed by members of various public charitable societies. It was accompanied by a document setting forth the necessity for such an institution and recommending its establishment, signed by Drs. George Hayward, John Homans, John Reynolds, Solomon D. Townsend, James Jackson, John Ware, Nathaniel B. Shurtleff, and ninety-one other members of the profession. We were informed that this document was signed by every one to whom it was presented, with one exception; and it is a matter of regret that time did not allow of its presentation to every physician in the city. The memorial contained many facts and a large amount of testimony on the part of those who are most conversant with such matters, also hospital statistics of other large cities in Europe and this country. We hope that the committee who have the matter in charge, will think it best to embody this memorial in their report, in addition to their own facts and arguments bearing on the question. The present is a favorable time to carry out a plan which commends itself to the best feelings of every one, and which is received with an unanimity rarely attending matters of public improvement.

Why could not the city secure by hire, or purchase, the beautiful estate on Springfield street, belonging to the Lying-in Hospital, and which we learn is not now in use. It would be an admirable situation, placed at the other extreme of the city from the Massachusetts General Hospital, and would, we conceive, at the same time benefit the latter Institution by aiding in restoring it to the uses originally intended by its founders. Boston, with all her charities, has ever been in the back ground in this matter; and we doubt not, when the facts become known, our citizens will be surprised to know what scanty provision is now made for her sick and industrious poor.

The cost of such an Institution will be the stumbling-block when our city fathers sit down to investigate the subject; but when they consider the other side of the account—the comfort bestowed, the families relieved of that burden and discouragement to a poor man's household—a sick inmate—the consequent release from care, and ability to labor for his own subsistence—we are convinced they will decide that the proposed measure is founded on a wise economy.

The present effort has our hearty sympathy and co-operation, and we give a "God speed" to all engaged in its accomplishment.

---

#### MASSACHUSETTS MEDICAL SOCIETY.

A STATED meeting of the Councillors of the Massachusetts Medical Society was held at their rooms, 12 Temple Place, on Wednesday, Feb. 4th, the President, Dr. Huntington of Lowell, in the chair.

Drs. S. Durkee and P. M. Crane were appointed a Committee on the Treasurer's accounts; and Drs. N. B. Shurtleff and E. A. Clarke, on the Library;—to report at the next meeting.

A matter in question between the Treasurer and the Bristol North District Society was referred, with full powers, to the Treasurer and Finance Committee.

Several members were placed, in due course, on the retired list.

The Recording Secretary was authorized to issue certificates to delegates to the meeting of the American Medical Association to be held in Nashville, Tenn., in May next.

A proposition was offered to amend the By-laws so that the Society, and not the Councillors, hereafter appoint the place for the annual meeting—it having been stated that, while the Boston members were indifferent to the subject, the country members preferred to meet in Boston. After some desultory discussion the proposition was laid on the table. It was suggested, however, that the District Societies would do well to signify (by instructing their own Councillors or otherwise) their wishes in the matter, that the Councillors may act more understandingly when the vote on the next place of meeting comes to be taken in June next.

On motion of Dr. John Ware it was

*Resolved*, That a Committee of five be appointed to consider the expediency of the Fellows of the Massachusetts Medical Society taking measures for the institution of a Medical Relief Society among them, and, if they think expedient, report some plan for such a society.

The following gentlemen were appointed on the Committee: Dr. John Ware, Dr. Horatio Adams, Dr. Henry I. Bowditch, Dr. Edward Jarvis and Dr. John B. Alley.

---

#### RELIEF FOR INDIGENT OR DISABLED PHYSICIANS.

UNDER this head, we announced in the number of this Journal issued December 11th, 1856, that steps had been taken by an association of physicians in this city, at one of their meetings, to ascertain by correspondence with societies (formed with the design of affording this sort of relief) and otherwise, the best methods of procedure in organizing a similar one here. A Committee was appointed, and they have devoted considerable time, made some pecuniary outlay and already received reliable information upon the subject. It strikes us as somewhat supererogatory, to say the least, for the Massachusetts Medical Society to act in the matter in the way they have—as reported in the Journal of to-day. To the originators of the project peculiarly belongs the business of perfecting it, unless they choose to resign that right. By allowing the Committee to arrange and report their plan and to carry it out, if able, the “Fellows” of the Society would be afforded a proper and effectual way of supporting “a Medical Relief Society among them.” We incline to the opinion that the highly respected offerer of the motion was unaware of the course proposed and already undertaken; although one of the gentlemen upon the Society’s Committee is also upon that appointed by the original movers of the plan.

---

*Entertainment by the Medical Faculty of Harvard University.*—The second social entertainment by the Medical Faculty of Harvard University came off on Saturday evening, of last week, at the Tremont House; and, as was the case last season, the occasion was characterized by the interchange of kindly feelings, cordial greetings, and by the canvassing of interesting topics, followed by a hearty and animated discussion of the excellent supper provided. We are glad to repeat our increasing conviction of the very pleasant influence these



gatherings have upon the medical fraternity. There was a large attendance of the medical class and of the physicians of Boston and vicinity.

*Medical Department of Harvard University.*—The annual catalogue of students attending medical lectures shows this school to be in a flourishing condition. The total number of students is 118, including gentlemen from all parts of the world. We notice the names of fifteen residing in different parts of the British Possessions on this continent. There are also students from Edinburgh, Paris, Switzerland, Russia and Surinam. The number from other parts of the United States than Massachusetts is 38.

*The Hathaway Malpractice Suit.*—There are certain omissions and slight errors in the report of the evidence of Dr. Geo. Hayward, Sen., as given at the above *quasi* trial, to which we would direct attention, since a wrong impression may be made if they are permitted to pass unnoticed, although to professional readers they would be sufficiently evident, and, of course, referred to the right source.

Dr. Hayward is made to say, page 21st of last week's Journal, that "permanent bony union does not generally take place sooner than a year"; here he referred particularly to the *thigh*, which does not appear by the report. A little further on, "and medulla is absorbed" conveys no meaning pertinent to the case. The surgeon spoke of the *obliteration of the medullary canal* of the shaft of the bone.

*Health of the City.*—There is a slight increase in the total number of deaths over that of last week, there being 89 the present week to 83 of the last, and a decided advance over the corresponding week of last year, when the deaths in the city were 70. Scarlet fever numbers 30 victims, being a rise of 7 in the weekly mortality as contrasted with the last report. There was but *one* death from this cause in the corresponding week of 1856. Of those recorded at this time, twenty-five were under 5 years of age and five under 20 years; two died at 8 years; one each at 9 and 10 years; one male of 20 years. Consumption numbers 15 deaths, against 12 of last year. There is an increase of 5 in the deaths from inflammation of the lungs between the present and past weeks; with a very close correspondence between the past and present years in this respect, there having been 10 deaths from pneumonia in 1856.

*Communications Received.*—Pyramidal Cataract.—Operations by Division and Extraction.—Obstetric Cases.—Peritonitis from Perforating Ulcer.

*Books and Pamphlets received.*—Twentieth Annual Report of the officers of the Vermont Asylum for the Insane. August, 1856.—A Medico-Legal Examination of the case of Charles B. Huntington.—Annual Report of the Commissioners and Superintendent of the Indiana Hospital for the Insane, for the year 1856.—Contributions to Practical Surgery. By Daniel Ayres, M.D., LL.D.—An Address to the Graduating Class of Dartmouth Medical College. By W. H. H. Mason, M.D. (From the author.)—Tully's Materia Medica. Vol. I., No. 22—Annual Address to the officers and students of the New York Ophthalmic Hospital.

MARRIED.—At Huntington, Mass., Nov. 27th, Dr. John H. Gilbert to Miss Jane Copeland, daughter of Melvin Copeland, Esq., all of Huntington—At New York, 21st ult., Thomas W. Meekins, M.D., of Northampton, Mass., to Harriet R., daughter of Rev. Dr. B. M. Hill.

*Deaths in Boston* for the week ending Saturday noon, February 7th, 89. Males, 41—Females, 48. Apoplexy, 1—inflammation of the bowels, 1—disease of the brain, 1—cancer, 1—consumption, 15—convulsions, 2—croup, 1—dropsy in the head, 1—drowned, 2—debility, 1—infantile diseases, 2—puerperal, 1—typhoid fever, 1—scarlet fever, 30—disease of the heart, 4—congestion of the lungs, 1—inflammation of the lungs, 8—gangrene of the lungs, 1—old age, 1—pleurisy, 2—disease of the spine, 2—scrofula, 2—rheumatism, 1—teething, 1—thrush, 1—tumor of the abdomen, 1—unknown, 3—worms, 1.

Under 5 years, 44—between 5 and 20 years, 6—between 20 and 40 years, 25—between 40 and 60 years, 8—above 60 years, 6. Born in the United States, 70—Ireland, 13—other places, 6.



*A New Anæsthetic Agent.*—On Saturday, Dec. 13th, a new anæsthetic agent, named "amylene," was administered by Dr. Snow in some operations performed by Mr. Fergusson and Mr. Bowman in King's College Hospital. The operations consisted in the removal of diseased glands from the groin in one case, an operation for fungus of the testicle, and two cases of tenotomy, in one of which forcible extension of the partially ankylosed knee-joint was made. The pain was entirely prevented in each of the cases, although neither complete stupor nor relaxation of the muscles was produced. The patients seemed in a state of semi-consciousness during the greater part of the time; they recovered very promptly from the effects of the vapor, and there was no sickness in either of the cases, nor yet, as we were informed, in nine previous cases where Dr. Snow had administered amylene in the hospital, prior to the extraction of teeth by Mr. S. Cartwright. The amylene was prepared for Dr. Snow by Mr. Bullock, and was applied with his usual chloroform inhaler.

Mr. Fergusson, in his remarks after the operations, gave the following particulars, with which he said Dr. Snow had furnished him, respecting amylene:—Amylene is made by distilling fusel oil with chloride of zinc. Its composition is  $C_{10}H_{10}$ . It is a very light and volatile liquid, being only two-thirds as heavy as water, and boiling at 102 deg. Fahr. The vapor is much less pungent than that of chloroform, although the patient breathes it in much larger quantity. It was first discovered by Cahours, a French chemist, about fifteen years ago.—*London Lancet.*

*Dentistry in England.*—Efforts are now making in London for the establishment of a Dental College or Institute. The scientific dentists, as well as physicians and surgeons there, are in favor of the plan, and not a few of them are looking to this country for guidance in the matter. A member of the Royal College of Surgeons, in a letter published in the *London Lancet*, says, that when on a visit lately to the United States, his conviction was that dentistry, as an art, was much better understood and practised here than in that country, and recommends the Baltimore College of Dental Surgery as a model for the new English institution.

*Insanity in Indiana.*—It appears by the last Annual Report of the State Hospital for the Insane in Indiana, that in October, 1855, there were 195 inmates; admitted during the year, 171; under treatment during the year, 366; remaining in October, 1856, 235. 109 were discharged recovered; 17 died; 5 improved.

*Medical Miscellany.*—The number of students attending lectures at the medical school at Nashville, Tenn., is stated to be 415—and the candidates for graduation as many as 150.—The *Southern Journal of Medical and Physical Sciences*, the publication of which has been suspended for a few months, is to be issued hereafter at Knoxville, Tenn., under the editorial charge of Dr. Richard O. Cuney.—Dr. J. L. Vatie, postmaster at Cincinnati, Ohio, has had an elegant service of silver presented to him by the clerks and attachés of his office.—Dr. Arnott, of London, thinks that the mortality following surgical operations has greatly increased since the introduction of anæsthetics. This opinion needs confirmation by statistical research, which will probably be made in London.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LVI.

THURSDAY, FEBRUARY 19, 1857.

No. 3.

## LACERATION OF THE PERINEUM FOLLOWED BY PROLAPSE OF THE BLADDER AND RECTUM. CURED BY AN OPERATION.

BY WILLIAM READ, M.D., FORMERLY ATTENDING PHYSICIAN AT THE BOSTON  
LYING-IN HOSPITAL.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. H., aged 39, was, on the 14th of September, 1855, delivered of a girl at the Boston Lying-in Hospital. Her labor was tedious and difficult, lasting from the evening of Wednesday until Friday at 6½, A. M. The genital fissure was very small, rendering it impossible to apply the forceps without producing laceration. Towards the close of the labor, it becoming evident that the child was dead, craniotomy was performed, and delivery completed by means of the blunt hook, during which the perinæum was extensively lacerated. After she had been put to bed, the parts were disposed in such a manner as to encourage all the union that would take place under the circumstances, and every care taken to facilitate the reparatory process. She got up well, the fissure seemed to have healed satisfactorily, no inconvenience being experienced from it, and she left the Hospital to do housework in a small family.

Early in June, the following year, she made application as an out-patient. She complained of an uncomfortable feeling across the lower part of the back, as if a heavy weight were pressing there, accompanied by a sensation as if the contents of the pelvis were falling out. An examination made by Dr. H. R. Storer, in my absence, upon her first application, revealed that it was a case of rectocele. The other organs were not at that time appreciably deranged. He prescribed temporarily for the symptoms, and upon my return transferred the case to me. Upon the first examination, the prolapse of the rectum was not very distinct; indeed, so little change from the normal position of the parts was found, that a question arose as to the correctness of the diagnosis. To get rid of constipation, from which she suffered and which had continued from the first notice of the trouble, she was ordered to

take, every night, a powder containing one eighth of a grain of podophylline. This had the effect to remove the constipation, but gave no relief to the other symptoms. Another examination was made, and on this occasion ample confirmation of Dr. Storer's diagnosis obtained. The rectum was much distended, bulging down into the vagina with the slightest effort or straining, and offered but little resistance to the finger pressed in any direction. Prescriptions and topical applications giving no relief, an operation was proposed, to which she consented, and entered the Hospital for that purpose. On the 26th of July, assisted by my colleagues, Drs. Dupee and Storer, as much of the posterior wall of the vagina was taken up as could be enclosed in a ligature, care being at the same time exercised to avoid the rectum. The portion thus ligatured was about an inch in diameter. The only application necessary was a compress wet in cold water, and on the 8th of August the ligature came away, leaving a healthy surface, which in a few days entirely healed, and by its contraction restored the rectum to its proper position. She remained in the Hospital for a short time to test the success of the operation, and had no further trouble, the difficulty and uneasiness on defæcation having left her, and going up and down stairs causing her no suffering. Upon examination, no trace of the prolapse was to be found. The recto-vaginal septum was firm, and showed no disposition to give way upon pressure by the finger. She was discharged, with injunctions to keep the bowels free by aid of enemas of tepid water.

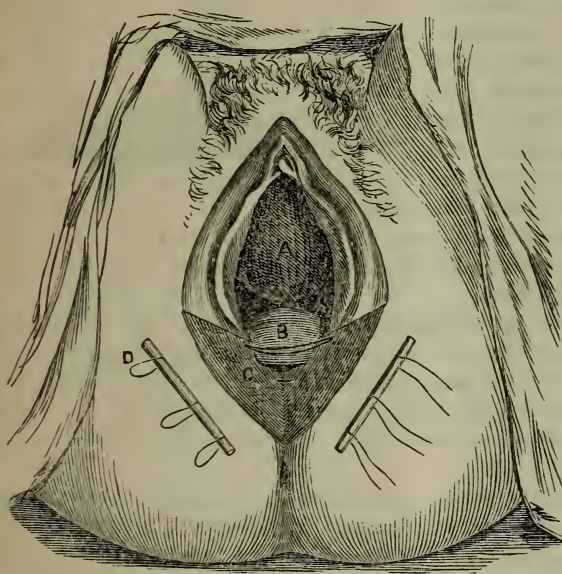
On the 4th of December last, patient again called. Reported that after an interval of about two months the symptoms first noticed began to re-appear, and had continued to increase till she was then unable to work. Is in constant pain, and gets but little relief by lying down. Is obliged to urinate frequently, and at times suffers severely from pain in so doing.

An examination was again made, and the anterior wall of the vagina found to be very much prolapsed, almost presenting at the vulva, and filling up the vagina. The rectum appeared to be in its proper position, the cicatrix remaining after the operation being very evident. Uterus in place. Straining or coughing caused the bladder to project between the labia. The difficulty of performing another operation, anteriorly, to relieve the symptoms, as had been before so successfully accomplished upon the posterior wall of the vagina, and the extent of the prolapse rendering it doubtful whether it would be sufficient to restore the parts to their natural position, the operation by deep sutures for the restoration of the lost portion of the perinaeum, so successfully practised by Mr. I. B. Brown, of London, was decided upon and acceded to by patient. A preparatory treatment was at once commenced, and on the day preceding the operation a



brisk cathartic was administered, which thoroughly relieved the bowels. The next day, Dec. 13th, the operation was performed.

Dec. 13th, 10, A. M.—Cathartic prescribed yesterday produced great relaxation of the vaginal canal, so that the bladder protrudes between the labia, and the rectum shows a disposition to come down. Posteriorly, the laceration of the perinæum extends to within about one half an inch of the sphincter, the vulva easily admitting three fingers placed side by side. The parts having been carefully shaved, the patient was fully etherized, after which she was placed in the usual position for lithotomy, on her back, with the thighs strongly flexed, and firmly held by Drs. Dupee and Buckingham, who kindly assisted me in the operation. The left labium having been made tense, an incision was made through the mucous membrane, commencing about an inch from its outer



*Explanation of Fig. 1.*

A. Prolapsed bladder.

B. Rectum.

C. Portion from which the mucous membrane has been removed.

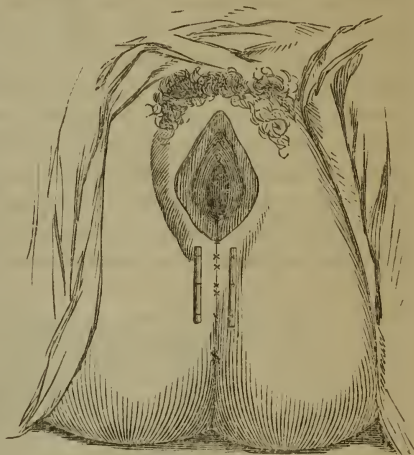
D. Sutures extending below the denuded surfaces, and coming out on the opposite side.

edge, at a point in a line with the termination of the nymphæ, and continued in a straight, outward direction till it met the skin. Another incision was next made in a straight line from the end of the first, to the median line of the portion of the perinæum that remained. The mucous membrane included between them was then carefully dissected off, and the operation repeated on the opposite side. This left a denuded portion in the shape of a V, and nearly an inch in width. Three needles, armed with hemp sutures, were then inserted an inch from the outer edge of one of the cut surfaces, and carried deep enough to include all of it, and brought out on the opposite side at an equal distance from that edge. Quills cut from an elastic bougie were then put under the



loops, and the parts drawn together by tying the sutures over them.

For the purpose of bringing together the edges of the wound, which were everted by the pressure of the quills, four sutures were taken superficially, and drawn as tight as could with safety be done. The operation having been completed, a compress wet in cold water was applied and kept in place by a T bandage; a roller passed around the knees, and another at the ankles, to prevent motion as much as possible; a suppository containing half a grain of morphine passed into the rectum, and the patient was placed on her side in bed, with the thighs flexed on the abdomen. As soon as the effect of the ether had passed off, two



Appearance of parts after the operation had been completion.

grains of opium were administered, and directions left that a pill, containing one grain, should be taken every succeeding six hours.

14th, 7, A. M.—Feels very comfortable. Vomited freely yesterday while the effects of the ether were passing off. Catheter has been passed four times. There is some tumefaction and swelling of the labia, which makes it difficult to reach the meatus urinaris. No inflammation nor pain in seat of operation. Vagina has been injected at intervals with a very weak solution of chloride of soda.

10, P. M.—Rather restless. Pulse 88. Has been passing water constantly for the last six hours. Feels much smarting and heat in region operated on. Line of suture looks a little red and puffy, but no suppuration visible. Injected vagina with lukewarm water, which relieved her. To have sweet spirits of nitre, ʒ i. p. r. n., through the night, with injection of water at 3, A.M., if urine continues to pass away. Omit catheterism.

15th, 7, A.M.—Doing well. Complains of some discomfort in rectum, with tenesmus. Has no control over bladder, urine having been voided at short intervals throughout the night. Had an injection of tepid water at 1, A.M., with relief. Appetite begins to return. Skin cool. Union by first intention appears to have taken place exteriorly. No redness, heat, or discharge from any portion of wound. Washed out the vagina with tepid water, and applied a suppository of three grains of opium.

1, P.M.—More comfortable. Has passed urine but four times

since last record. Pulse 96. Had mutton chop and bread, with tea, for her breakfast, which she relished. Smarting in meatus nearly gone. Injected vagina with tepid water.

10, P.M.—Pulse 86. Skin natural. Has had no return of tenesmus since application of suppository this morning. Urine still continues to pass freely. Vagina injected with tepid water.

16th, 7, A.M.—Has passed a comfortable night. Slept more than she has previously, since the operation. Complains somewhat of smarting and throbbing in the parts. Urine has also passed freely through the night. On inspection, no signs of an inflammatory nature are visible. Union between stitches seems to be perfect. Injection with tepid water repeated.

1, P.M.—Generally doing well. Since morning the urine has been somewhat discolored with blood.

10, P.M.—Has passed water but three times since 1, P.M. It is, however, very bloody.

17th, 7, A.M.—Has passed an exceedingly uncomfortable night. Constant pain and throbbing at the meatus; otherwise doing well. To have sweet spirits of nitre, one drachm every hour.

10, P.M.—The two posterior deep sutures are discharging pus: none from external stitches, where union seems to be perfectly firm. Has passed water five times during the day, with little pain. Urine less bloody.

18th, 11, A.M.—Dr. George H. Gay present. Catamenia came on this morning about 7 o'clock; now flowing freely. Removed deep sutures; found union had taken place throughout; parts firm and free from soreness. Left hip much swollen and sore from lying so long on that side.

5, P.M.—Has passed a very comfortable day. Has been freer from pain since the removal of deep sutures than at any time since operation.

19th.—Patient reports having slept soundly all night. Has no pain or uneasiness in seat of operation. Strangury gone. Can now retain urine as long as usual. Little or no blood in urine. Discharge from catamenia profuse.

20th.—Catamenia nearly ceased. An examination of the parts operated on, shows that union has taken place firmly and completely throughout the whole extent of the denuded surface, and the new perinæum extends forward as far as the nymphæ. The orifice of the vagina, which before the operation admitted three fingers placed side by side, now allows but one to pass. Within, equally firm union has taken place, and the thickness of the new perinæum is half an inch. No tenderness felt on examination. Patient feels entirely comfortable, except from constrained position, and an occasional return of the tenesmus previously mentioned.

21st.—Untied the knees and ankles, and allowed her to assume a natural position in bed.

22d.—Reports no inconvenience of any kind from any position she assumes.

From this time she rapidly improved. Her appetite came back, and the pills having been omitted, on the next day the bowels waked up from their long sleep, and a perfectly natural motion resulted. In form, consistency and other aspects, it was no different from an ordinary discharge. Taken in connection with the fact that for ten days she had been under the influence of opium, and that during this time nothing whatever had passed the bowels, this is worthy of notice.

On the 27th, Drs. Dupee and Minot present, a final examination was made. The new perinæum was found of sufficient thickness and firmness. The union, in all respects, was complete.

Jan. 2d.—She left for her home. During the necessary exposure of so doing, she took cold, which resulted in a smart febrile attack lasting some days, but which she recovered from, and is now enjoying a degree of comfort to which for nearly two years she has been a stranger.

DR. EDWARD BROWN-SEQUARD'S EXPERIMENTAL AND CLINICAL  
RESEARCHES APPLIED TO PHYSIOLOGY AND PATHOLOGY.

[Continued from page 461, Vol. LV.]

§ X. In the preceding parts of this paper I have given a summary of two series of facts: experiments upon animals, and pathological cases observed in man. I have now to compare these two series of facts one to the other, and to draw conclusions from the results of this comparison.

There is one thing which seems to be quite proved by this comparison: it is that the convulsive affection produced by certain injuries to the spinal cord is true epilepsy, or at least an epileptoid affection. I have shown already that the symptoms (see §§ II. and V.) lead to this interpretation. But this is not all; the greatest analogy exists between what we know of the *aura epileptica* in man (see § IX.) and what I have found concerning the property that the skin of the face possesses of producing fits in my animals (see § IV.). In them it seems that the face is the starting point of a true *aura epileptica*, and that, as well as in man, an interruption of nervous transmission between the starting point of the *aura* and the cerebro-spinal axis, seems to cure epilepsy. The same result seems also to be frequently obtained by either burning or other means of cauterization of the skin in the part from which originates the *aura*. In these animals, as in man, in the cases we have related, the convulsions seem to take place by a reflex action. In these animals also, as well as in man (for instance, in the case of Odier, § VIII.), although the primitive cause



of the affection is in the nervous centres, there is an aura epileptica coming from the skin, and the interruption of nervous transmission from the skin to the cerebro-spinal centres seems to have been sufficient, for a time, to prevent epilepsy. Besides, the development of epilepsy in many cases in man is similar to what takes place in my animals: the convulsions at first are limited to a few muscles around the starting point of the aura epileptica; they then extend gradually to many others, and, at last, attack almost the whole body.

If these analogies prove that the convulsive disease which is produced in animals by an injury to the spinal cord is epilepsy, we are led to conclude that in man, also, epilepsy may be caused by a disease of this nervous centre. This gives a new weight to the great probability that epilepsy has been the result of alterations of the spinal marrow in at least some of the cases (see §VII.) where this organ has been found altered in epileptics.

It will perhaps seem strange that we speak only of a great probability, while some physicians consider the question of the production of epilepsy by a disease of the spinal cord as quite decided, and describe a spinal epilepsy as a distinct form of this affection. I deny the existence of this species of epilepsy, as it has been characterized by many German writers and by Dr. J. Copland; and I consider as a fanciful description the pathological and symptomatic history of this form of epilepsy given by Joseph Frank, Harless, Schoenlein, Dr. Copland, Canstatt, Colson and Wunderlich.

Dr. Copland says (*Dict. of Pract. Medicine*, 1844, vol. i., art. *Epilepsy*, p. 793) that the spinal epilepsy generally arises from injuries and concussions of the spine, from caries of the bodies of the vertebræ or inflammation of the intervertebral substance, and from inflammation of the membranes of the cord, or effusion of fluid within the sheath; from the metastasis of rheumatism, or the disappearance of eruptions, &c. According to Schoenlein and others, it arises frequently from excess of sexual excitement, and particularly from onanism. Sometimes it is preceded by great sensibility, formication or irritation of the skin. The fits are generally characterized by severe convulsions, seminal emissions, and expulsion of urine and fæcal matters. The head is seldom so much affected as in cerebral epilepsy, and the seizures often approach nearly or altogether to simple convulsions. One or other of the limbs is frequently weak, and sensation in them occasionally diminished or otherwise altered during the interval (Copland). According to the German physicians the convulsions resemble those of tetanus, and attack mostly the extensor muscles; clonic convulsions are rare. Besides, there are symptoms of diseased spine, and particularly pain under pressure in some points.

Dr. Copland believes that disease of the spine, associated with

disease of the uterine function and epilepsy or convulsions, is not rare. He says, also, that in epilepsy depending upon injury of nerves, the paroxysm, as in the spinal variety, is rather one of convulsions than of complete epilepsy (*loco cit.*, p. 793).

The same writers describe as another distinct kind of epilepsy what they call the cephalic or cerebral epilepsy, in which convulsions are mostly clonic, and not so violent as in the spinal variety, and the loss of consciousness is the prominent symptom.

In their description the German writers and Dr. Copland have confounded three distinct things: *first*, cases of disease of the spine, or its contents, with convulsions (and not epilepsy); *second*, cases of disease of the spine, or its contents, with epileptic fits, without loss of consciousness; *third*, cases of disease of the spine, or its contents, with epileptic fits and loss of consciousness. An inflammatory disease of the intervertebral substance, or of the membranes of the cord, &c., is not epilepsy. At first this convulsive affection is not a febrile one, while these inflammations cause more or less fever; then the fits of epilepsy are separated by long or short intervals, during which there are no convulsions, while it is not so in these inflammations, or, at least, the intervals are very short in them; and besides, the disease progresses quickly towards death or cure. It is wrong, therefore, to call spinal epilepsy cases of meningitis, &c., in which there are more or less continuous convulsions and fever.

As to the other kinds of cases, called spinal epilepsy by Copland and others, they do not deserve this qualification, unless we call them so because epilepsy *seems* in them to be caused by a disease of the spine or its contents. But there is nothing special in the symptoms which can lead us to find out that the epileptic fits depend upon a spinal affection, and not upon a disease either of the brain or nerves. Of the two kinds of cases: spinal complaint with epileptic fits and conservation of consciousness, and spinal complaint with epileptic fits and loss of consciousness; this last kind has certainly nothing to distinguish it from the cerebral epilepsy of Copland and others, and as to the other kind it is impossible, also, to distinguish it from the cerebral form, because consciousness may also not be lost in cases of epilepsy due to a cerebral disease.

The symptoms in my animals, in which the primitive cause of epilepsy is certainly an injury of the spinal cord, and the symptoms in many cases of epilepsy in man, where a disease of the spinal cord or its membranes existed, are entirely like those observed in many cases in which the brain was the only organ altered. Still more, in the same patient there may be the symptoms of the so-called spinal epilepsy in one attack, while in the next we find those of the so-called cerebral epilepsy, and *vice versa*.

In epilepsy due to a cerebral disease, there are, sometimes, all

the symptoms attributed by Dr. Copland and others to their spinal epilepsy: violent tetanic spasms, seminal emission, expulsion of urine and fæcal matters, paralysis of one limb and loss of consciousness. For the existence of paralysis of one limb in epilepsy depending upon cerebral disease, I will refer to a paper of M. Bravais (*Thèse sur l'Epilepsie Hémiplegique*, Paris, 1827), and to the work Dr. R. B. Todd (*Clinical Lectures on Paralysis, Diseases of the Brain, &c.*, 1854, Lect. xiv. *On Epileptic Hemiplegia*).

On another side I could relate a number of cases in which the convulsions were clonic and consciousness lost, and in which epilepsy co-existed with a disease of the spine or its contents. Some interesting cases of this kind are to be found in the works of Herpin (p. 133-38) and Portal (p. 26 and p. 286). A relation of two cases of disease of the membranes of the spinal cord and softening of a part of this organ, with violent epileptic convulsions and loss of consciousness, is given by M. Pageant (*Rech. sur les causes, le siège et le traitement de l'Épil.* Thèse. Paris, 1825. *Obs.* v., p. 22, and *Obs.* xii., p. 33). In one of the cases of tubercles in the spinal cord, recorded by Gendrin (see *Traité des Mal. de la Moelle ép.* par Ollivier d'Angers, 3e edit., 1837, vol. ii., p. 502), there were convulsions and loss of consciousness.

It is to be regretted that in a case of alteration of the spinal cord, very much resembling that which most surely produces epilepsy in animals, the symptoms have not been fully described. Prof. E. Geddings, of Charleston, who relates this case, merely says: "Rather a stout man was affected, at frequent intervals, with violent convulsions and much suffering for upwards of eighteen months. In the progress of the case, the convulsions became more violent and recurred at shorter intervals, until he was finally released by death." There was an exostosis of the second cervical vertebra, encroaching so much upon the spinal cord as to produce a complete section of a lateral half of this organ. (*North American Archives of Medical and Surgical Science.* Baltimore. 1835. Vol. I., p. 110.)

In reviewing all the symptoms which exist in epilepsy, not one is found to belong exclusively to epilepsy due to a disease of the brain, of the spinal cord, or of a nerve. Even the existence of the aura epileptica is not a proof that the primitive cause of the disease is in some cutaneous nerves, and not elsewhere. The case related by Odier (see § VIII.) shows that a tumor in the brain, producing epilepsy, may be the cause of an aura beginning in the skin. Another case, recorded by Herpin (*loco cit.*, p. 125), resembles the preceding, as there was an aura epileptica in a girl whose epilepsy was probably due to tubercles in the nervous centres. In my animals there is no doubt in this respect, as the irritation of certain parts of the skin produces fits, although the primitive cause



of the epileptoid affection is in the spinal cord. The aura may therefore exist in epilepsy depending upon a disease either of the brain or of the spinal cord, as well as it is known to exist in epilepsy due to alterations of cutaneous or other nerves.

I have had a direct proof that the symptoms of epilepsy depending upon an alteration of a nerve could be exactly the same as those existing in epilepsy due to an alteration of the spinal cord. In a guinea pig in which one of the toes had been bitten, there were fits entirely similar to those which are found in animals of the same species after an injury to the spinal cord, and the fits ceased after a section of the sciatic nerve.

The comparison of what I have seen in animals with what has been observed by others and myself in man, shows that the symptoms of epilepsy cannot indicate whether it originates from a disease of the brain, of the spinal cord, or of a nerve. But it is true, nevertheless, that if together with epilepsy, there are positive symptoms depending upon a disease of either of these organs, it will be very probable that epilepsy itself depends upon this disease. The careful examination of the symptoms which co-exist with epilepsy is, therefore, extremely important, because by them we may find whether this convulsive affection is due to a disease of a nerve, of the spinal cord, or of the brain, and this knowledge is of the greatest value for the prognosis and the treatment.

[To be continued.]

## **Reports of Medical Societies.**

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL OBSERVATION.  
BY J. N. BORLAND, M.D., SECRETARY.

*Retained Placenta.*—Dr. PUTNAM, speaking of retained placenta, thought that bleeding was a much more prominent symptom than pain. He had recently succeeded in removing, by means of ergot, a placenta which had been retained for two months. Generally speaking, it is very difficult to effect the removal by means of forceps, unless the placenta is very near the os uteri, and when in this locality it will sometimes melt away.

Dr. E. H. CLARKE thought it much better, in the management of cases of this nature, to employ ergot, or plugging the vagina, rather than traction. He reported a case, where a woman aborted at three months' term. The fetus came away, leaving behind it the placenta and membranes. No flowing ensued, and no result was obtained from use of ergot. He ordered perfect rest, and to be sent for if there was any hæmorrhage. The next day the patient took the cars, and went forty miles into the country, where she made a visit of ten days' duration, walking and riding about; she then returned to the city. A fortnight after the abortion, Dr. C. was suddenly summoned to the patient, whom he found flooding so excessively that her sight was gone, and her life in imminent danger. He immediately plugged the vagi-

na; at the end of forty-eight hours, on withdrawing the plug, the placenta followed it. The woman recovered. In this case there was no pain, from the delivery of the fetus to the commencement of the hæmorrhage. Ergot was administered, both in powder and in the form of the saturated tincture; it was not persevered in, because of its non-retention by the stomach.

Dr. HERRICK related a case where he was called to a young woman, six months advanced in pregnancy; she had a slight uterine hæmorrhage. He put her on her back, and administered morphia. Six hours afterwards, at a second visit, she was sleeping quietly; in the course of the night she miscarried, but remained comfortable until the next day, when severe flooding commenced. Dr. H., on being called, found the os contracted on the placenta. He immediately plugged the vagina, and allowed it to remain undisturbed for twenty-four hours. On removing the plug, at the expiration of this time, the placenta was in the vagina. There was no further trouble.

Dr. ALLEY mentioned a case similar to the one reported by Dr. Clarke; by the end of the third day all the secundines were thrown off together, under the influence of ergot.

Dr. BUCKINGHAM spoke of the management of retained placenta, and referring to the use of ergot, he called attention to the work of Murphy on Obstetrics, approving of the distinction, drawn by him, of the two classes of cases in which ergot should be given or not. In full-blooded and strong patients it induces muscular contractions. Where feebleness and bleeding exist, it is apt to produce a depression of the heart's action. From this effect, many always combine camphor with it. Murphy advises the previous administration of opium, but as opium itself has similar effects, it should be employed with great care. Dr. Buckingham asked Dr. Putnam his opinion as to the safety of plugging the vagina in a miscarriage at five or six months's period, with placental retention.

Dr. PUTNAM thought that there was no danger; he looked upon it as the best practice, and in twenty-four to forty-eight hours the placenta will be expelled. He had even known of plugging at full term, when there was severe hæmorrhage, with great benefit. Dr. P. commonly employs sponge for this purpose, which has previously been soaked in a solution of alun, which has the double advantage of making a firmer clot and preventing annoyance from the decomposition of the fluids.

Dr. J. P. REYNOLDS approved of the India-rubber vaginal plug. This consists of two thin sacs, each of which is provided with a slender tube about eight inches long, on the end of which is a metallic coupling with a stop-cock. One of the sacs is introduced into the vagina, and distended to any required size by means of air, or fluids as preferred, driven through the connected tubes from the other sac by the pressure of the operator's hand.

Dr. Buckingham thought the chief objection was found when it is wished to remove a part of the plug only, so as to manipulate with instruments.

Dr. ELLIS had seen in Vienna a somewhat similar plug used, the difference being that the connecting tubes of the sacs were metallic instead of India rubber, and thought that it was better on this account; by means of the inflexible tube the plug could be better retained in place, where expulsive efforts of the vagina exist.

*Abortion.*—Dr. MINOT reported a case he has now under treatment. The patient, a young woman, was confined with her first child six months ago, which child she nursed; four weeks after delivery she menstruated, and was regular for four periods; then she omitted two. At this time she had the ordinary symptoms of early pregnancy, and felt alarmed, fearing she was again *enceinte*. Ten weeks after the cessation of the menstrea, when walking in the street, she was attacked with a flow. The other symptoms remained. Thinking she might be aborting, Dr. M. put her upon ergot, but from induced vomiting was obliged to suspend its administration. He then used sedatives to the stomach, and the vomiting ceased. The uterine hæmorrhage gradually gave way to a discharge resembling the lochia, which now continued. A week ago he made a vaginal examination, which gave a negative result, leaving him uncertain whether pregnancy existed, or she had recently aborted. He felt he should not be surprised if she was suddenly attacked with severe hæmorrhage. At the next meeting of the Society, Dr. Minot referred to this case, and said that all doubt was solved, the patient having suddenly aborted on rising from the bed in the morning, an eight weeks' fœtus and its appendages escaping. She has since done perfectly well.

*Irritable Tumor of the Meatus Urinarius.*—Dr. J. P. REYNOLDS said that he had lately had occasion to remove a red tender tumor from the lip of the meatus urinarius. He found it difficult to tell to which side it was attached, but removed it, and cauterized the base with the solid nitrate of silver. The symptoms were relieved for two weeks, when the tumor returned apparently upon the other side. He reported the case, to see what was thought the best mode of dilating the meatus, so as to excise freely and cauterize the base only. He had used an ear speculum. The sponge tent had been suggested to him.

Dr. BUCKINGHAM thought that the dressing forceps might have been employed, and that if more than the base had been cauterized, no harm would have ensued.

*Ascarides.*—Dr. BUCKINGHAM said that three fourths of all the cases of erotomania which had fallen under his care were owing to presence of ascarides in the rectum, and were cured by astringent injections. He also spoke of those forms of leucorrhœa, which are sometimes taken for gonorrhœa, and thought they often arose from ascarides crawling into the vagina. In little girls, in the habit of masturbating, he often had found ascarides in this locality. He also related the case of a little girl, three years old, whom he had treated for leucorrhœa for some time, unavailingly, until at last he discovered an ascaris moving just at the entrance of the vagina. The leucorrhœa ceased after one injection of sulphate of zinc.

*Administration of Emetics and Anæsthetics in Convulsions.*—Dr. WILLIAMS spoke of the mode of giving emetics, when resisted by the clenched teeth, &c., by pouring small quantities in solution into the mouth, through the nose. The child either swallows it or spits it out. If the latter, more can be given, till some is swallowed.

Dr. CLARKE, also, in such cases, made use of the syringe to inject the solution through the nostril, and thought that the act of swallowing the medicine was greatly aided by the injecting force.

Dr. H. R. STORER strongly recommended the use of anæsthetic agents in cases of infantile convulsions, where no actual organic disease of



the brain existed, and reported a case where a girl, 12 years old, who had never menstruated, was taken with convulsions. The first night of her illness she was relieved by the ordinary course of warm bath, emetics, &c. The convulsions returned on the second night, when having in vain employed the ordinary treatment, and the patient evidently failing, he administered chloroform. The single convulsions were at once stopped by a short inhalation, and finding its good effects thus manifested, he kept her well under its influence for half an hour, after which there was no further return of convulsions.

Dr. E. H. CLARKE also spoke in favor of such employment of the anæsthetics; not as an actual mode of curing the disease, but in making way for other treatment.

Dr. C. D. HOMANS thought that anæsthetics ought not to be given with an idea of curing the cases, but considered that after the exciting causes were removed, they were an excellent means of quieting both patient and surrounding friends. He had seen them employed in this way, in those convulsions which sometimes occur just before death. He thought them very likely to be of benefit in infantile convulsions, as almost always they are purely irritative, it being comparatively seldom that there is co-existent disease of the brain.

Dr. CABOT thought that where exciting causes exist, anæsthetics do no good, but that they may be of benefit in breaking up the habit, and in some cases they might be of value in aiding the administration of emetic doses.

Dr. H. R. STORER spoke of the form of convulsions occasionally seen and described under the name of "salaam convulsions," and related a case he had recently under treatment. The child came under his care with a simple diarrhoea. This was constant for ten days. Whether sitting up or lying down, the child had a regular rocking motion of the head and trunk forwards, amounting to a low bow. Death ensued upon the third day in an ordinary convulsion.

---

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JAN. 26th.—*Etherization in Puerperal Convulsions.* In connection with the cases published in the last number of the Journal, Dr. COTTING reported the following, from notes taken at the time.

Mrs. ———, American, aged 25 years, in her first pregnancy, was seen by Dr. C. May 9th, 1854, about 7, P. M. Her labor had commenced rather unexpectedly some hours previously, and she had already had two severe convulsions. Pains were now frequent, and the labor advancing—the head presenting and the os not remarkably rigid, though somewhat so. After a few pains she was seized with a terrific convulsion. The whole body was violently agitated, and the spasmodic action of the limbs almost unmanageable. The face was frightfully distorted—the eyes uprolled, fixed, with pupils dilated. The tongue protruding, bloody, and covered with froth. Breathing loud, labored, and irregular. Pulse quick, and feeble. There was entire unconsciousness—and the whole aspect of the case was most deplorable.

These symptoms abating for a few moments, returned again with renewed violence. There was no time for delay; during the convulsion, therefore, an energetic effort having been made to dilate the os, with

success, the child was turned, and delivered at once. It was nearly asphyxiated, but was soon resuscitated, and though small, was apparently healthy. The placenta was taken away soon after. The hæmorrhage was not excessive. The mother remained perfectly unconscious.

About fifteen minutes after the birth of the child, another convulsion coming on, chloroform was administered, with marked relief. After this experiment, whenever, and as soon as the precursory symptoms showed themselves, immediate resort was had to the chloroform. It always seemed to control completely any further increase, and to allay the present symptoms. When about midnight its further use was opposed by a near relative, that moment arriving at the bedside, its omission was followed by a convulsion as severe as any before its employment. (In this instance the patient forced one of her feet through a thick new blanket.) All present begged a continuance of the remedy.

Towards morning, the frequency and severity of the attacks began to abate, and at last subsided, about fifteen hours after the first attack. The number of convulsions apparently prevented, averaged about one for every half hour. Unconsciousness continued.

On the subsequent day there was occasional retching and unconscious vomiting. Pulse 120. Castor oil was given, and effervescing draughts of soda with lemon juice.

Her recovery was very gradual, and not without occasional alarming symptoms. Consciousness was slowly regained; a period of ten days, including several before confinement, remaining a perfect blank to her. Milk was secreted sparingly on the fifth day—was never abundant, and after a short time gradually disappeared. The child was given to a wet nurse. Recovery was finally complete.

It will be noticed that in this case venesection, so generally advised, but of such doubtful utility, was not resorted to; that delivery was effected, by turning, as soon as practicable; and that chloroform was relied on with advantage—apparently holding the convulsions in complete control for a period of nearly or quite twelve hours, until they entirely subsided.

Up to the present, Jan. 26th, 1857, the mother and child have continued in perfect health.

FEB. 9th.—*Method of stopping Epistaxis.* Dr. COALE remarked that he was called, a few days since, to a patient, in the absence of his regular attendant, and found him bleeding freely at the nose. The patient stated that he had had a sponge put in a few days before, evidently by Belloc's sound, a proceeding of which he dreaded the repetition. Dr. C. had never used Belloc's instrument, but keeps at hand a contrivance of his own, which he claims to be much simpler, cheap, within the means of any one, to be introduced with facility by the physician and with ease to the patient, to be removed with greater facility, and most important of all, to be fully equal to all the demands of the case. It consists of a piece of pig's gut eight inches long, tied at one end, and then turned wrong side out, so that the knot may be inside, on a child's silver canula. By this canula it is introduced through the nose to the pharynx, and then blown up and tied an inch or so outside the nose. Dr. C. often introduces a spoonful of saturated solution of alum into it. It will be seen at once that

it plugs up both posterior and anterior nares thoroughly. To remove it, it must be pricked and then gently twisted as it is drawn out. Dr. C. always keeps a yard or two of gut on hand in a bottle of diluted alcohol, and he finds it saves a great deal of time and of getting up at night to look after patients taken with a sudden recurrence of the bleeding.

FEB. 9th.—*Erysipelatous Sore Throat.* Dr. COALE remarked that he had been attracted by an article in one of the late English periodicals, asking information as to the best means of combating erysipelatous sore-throat. The writer rehearsed the difficulties of the treatment thoroughly, and doubted the efficacy of many, and even the applicability of some. Believing that the quinine treatment has proved the most efficacious in treating external erysipelas, by analogy Dr. C. thought that it would be equally efficacious in the treatment of erysipelatous sore-throat. He has in consequence adopted this as his routine treatment, and with very marked success. The cases which he might adduce are now nearly twenty in number. It would be unnecessary to quote them in detail, but they exhibit cases of erysipelatous sore-throat cut short in from ten to five days, the avoidance of suppuration, and the prevention of many of the unpleasant sequelæ of the disease. He has never pushed the remedy beyond five doses, of ten grains each, a day.

After the erysipelas has disappeared, he has found it often beneficial to gargle the throat with a strong decoction of oak bark, or swab it with diluted aromatic sulphuric acid.

---

EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

L. PARKS, JR., M.D., SECRETARY.

*Scarlatina.*—In reply to Dr. CHANNING, who asked for observations of a certain class of cases, of scarlatina, Dr. C. D. HOMANS furnished the following report of cases in which the eruption was slight in proportion to the symptoms.

Frederic G., 3 years and 9 mos. old, at 8 o'clock, A. M., Sunday, Sept. 28th, had a chill, followed by headache, and at noon had a convulsion, after which he slept quietly for some hours. During the night of Sunday he was thirsty, and very restless. Monday morning he appeared better, asked for some food, which was given to him, but in very small quantity, and seemed amused with what was going on around him. Soon after this, however, he lost his consciousness without any convulsion. At 12 o'clock, there was great heat of the skin and a rapid pulse. The child answered no questions, and showed no recognition of the persons about the bed. There was a slight redness on the neck. Thirst very great.

Tuesday morning.—The night had been very restless; the eruption was extending downwards over the body, though not at all vivid; some swelling about the throat; respiration quite laborious, attended at times with moaning. No sign of consciousness.

Wednesday.—The night had been extremely disturbed, the child continually endeavoring to get upon his feet. Symptoms all aggravated; restlessness exceedingly great; extremities cold; eruption manifest, though not vivid. The little patient continued to toss himself about until within three hours of its death, which occurred Thursday, at 3 o'clock, A.M.



Amanda G., 22 months old, sister of the preceding patient, first appeared to sink Wednesday, Oct. 1st, at 10, P.M. Her skin was warm, thirst great, and there was some nausea. She was very restless all night, and at 8, A.M., Thursday, her pulse was very rapid, skin natural, thirst very great. At 10, A.M., vomiting commenced, and continued several hours, subsiding, however, towards night.

Friday.—The patient had passed a very uncomfortable night, tossing herself about continually. Skin quite hot, slightly red over neck and trunk: pulse not to be counted; no vomiting. Convulsions came on at 3, P.M., and continued, with slight intervals, until her death on Saturday, at 2½, P.M.

The house in which these two cases occurred contained five children, three in one family, two of whom died, as reported above. The other two children, belonging to the second family, had had a slight rash, but were not sick enough to need a physician. This occurred in one case fourteen days, in the other case 5 days, before Frederick G. was taken sick. As soon as the last named was attacked, belladonna was administered to the other two children, according to the plan recommended by Dr. Watson in his *Practice of Medicine*. One of them had the disease and died; the other still continues well.

Dr. BORLAND mentioned that Bouchut recommends small\* doses of belladonna as a prophylactic in scarlatina.

[This was in connection with certain passing remarks, by the President, on the absurdity of propositions which had appeared in the daily papers, to employ imaginary doses of belladonna to arrest scarlet fever. An able editorial published in this Journal, some time since, renders unnecessary further comments upon the subject.—*Sec.*]

*Amaurosis*.—Dr. BOWDITCH spoke of a case at the Hospital. In addition to the affection of vision, the patient suffered greatly from pain at the vertex, and down the back. Various remedies having been tried without effect, mercury was resorted to. As soon as the gums were touched, the paroxysms ceased.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 19, 1857.

### RHODE ISLAND REGISTRATION REPORT.

THE State of Rhode Island takes the lead in our country for the completeness and accuracy of its vital and mortuary statistics. This is owing in part to the limited extent of its territory, but we believe a large share of the credit must be accorded to the intelligence and industry of the officers entrusted with the care of collecting and arranging the statistics upon which the annual reports are based. During the past year the Committee of the Rhode Island Medical Society, Drs. Joseph Mauran, George L. Collins and Edwin M. Snow, to whom the compilation of the Report for 1855 was entrusted by law, have again been able to secure the services of Dr. Charles W. Parsons, whose qualifications and interest in the subject peculiarly fit him for the task

\* Not infinitesimal, of course.

of preparing the abstract from the returns received. During the year 1855, returns, more or less perfect, have been received from every town in the State, and it appears that the town clerks have manifested a much greater interest in the subject than ever before. We extract from the Report a few facts, which may be of interest to our readers.

In respect to *births*, it is found that 105 males were born to 100 females; and it would appear that the excess of male children is greatest under circumstances most favorable to physical health and vigor, since it occurred in country towns and villages, rather than in large towns and cities. The greatest number of births occurred during the months of July, August and September, in an average of three years. During the first six months of 1855, there were 720 children born in the city of Providence, and 880 in the last six months; the difference being wholly in the births of children of foreign parentage. This difference is ascribed to the depressed condition of the public health during a large part of the year 1854, owing chiefly to the prevalence of cholera among the foreign population. The births of American parentage were one to 40.7 of the American-born inhabitants; those of foreign parentage were one in 21.2 of the foreign-born inhabitants, in the city of Providence. It appears, then, that in that city the imported population are very nearly twice as productive for their number as the native.

Although the whole number of *deaths* recorded during the year 1855 is 126 more than in the previous year, it is believed that the actual mortality was less than in 1854, when the cholera raised it above the average. The apparent increase is ascribed to the greater completeness of the returns. The apparent average duration of life has increased, being a little more than a year and a half greater than it was three years ago. "It appears that of all who die in this State, about a sixth die before they have completed the first year of life; more than a quarter die infants of less than two years old; and considerably more than a third die in early childhood, or under five years old. Only about half reach mature age. After the age of thirty years, the mortality in each ten years' period lessens—not so much by diminishing pressure of the causes of death, as by the lessened material for them to act upon."

The two leading *causes of death* are zymotic diseases and the diseases (zymotic not included) of the respiratory organs, the two causes having been almost precisely equal during 1855. Of the former, cholera infantum was the most fatal, ranking next to consumption in this respect. As might be supposed, the disease was most prevalent in the city of Providence. Scarletina was more fatal than in the previous year, but less so than in 1853. In the town of Bristol it caused almost a fifth of all the deaths. Dr. Parsons truly says, "the study of the prevalence of zymotic diseases in different places and seasons is particularly interesting, because they are believed to depend more than any other class on causes which admit of palliation or removal. In the course of years, a registration system will yield reliable practical information." One result has already been obtained—in Bristol, zymotic diseases are found to be the most fatal; while in Warren, consumption is the most fatal: hence the former town is a more desirable residence for persons predisposed to phthisis. Consumption was by far the most common of all the causes of death. During a series of three

years, it was most fatal during the months of March and August ; and least so, during July, October and November. The greatest number of deaths occurred in persons between the ages of 20 and 30. Out of 345 deaths, during the year 1855, 132 were of males, and 213 of females.

The statistics illustrating the effect of *occupation* on the duration of life are unfortunately too limited to allow of any certain deductions. The Report, however, contains a table, showing what proportion of all deaths from assigned causes was ascribed to consumption, in each of a few selected occupations. From this it appears that the following professions are most liable to the disease in question, in the order in which they stand: jewellers, machinists, professional men, shoemakers, carpenters, laborers, agriculturists; the percentage of consumptive deaths being 71.4 for the first, and 16.7 for the last of these occupations.

We commend the Report to the attention of the profession and to all who are interested in the subject of vital and mortuary statistics, a subject of the utmost importance to the health and welfare of the community.

---

#### BOSTON CITY PHYSICIAN'S REPORT.

THIS short, but pithy, document conveys a large amount of interesting intelligence, and a still greater amount of wholesome advice, which, if it could be taken and followed, would save us from much sickness and suffering. There is nothing new in the advice; it is the same which the medical profession has been urging upon the public for years, and which the public receives so reluctantly, and adopts so slowly; expressed in the language of Franklin, it is, "an ounce of prevention is worth a pound of cure." Employ cleanliness, ventilation, temperance, and you will enjoy security against disease, and prolong life.

We learn from Dr. Clark's Report that during the last quarter there has not been a single death reported from smallpox, nor is it known that a single case of the disease existed since August last. This is the first time for several years that we have enjoyed a period of entire immunity from that malady. The reason is obvious; during the past year, as nearly as can be ascertained, upwards of *ten thousand* persons have been vaccinated, including 2,062 vaccinated at the office of the City Physician. This is more than double the increase of population by births.

The deaths from scarlatina during the present season, up to the first of January, were more than four hundred, and the epidemic is not yet concluded. Against this disease we have no adequate protection like that against smallpox, but facts show that in those districts which are "overcrowded, where the tenements are badly drained and ventilated, there the mortality is enormously disproportioned to the population, while the reverse is the case under the opposite circumstances." Thus, in Ward I., the number of deaths has been *sixty-eight*, while in Ward IV. there have been but *nine*.

We are glad to see that Dr. Clark has called attention to the subject of the ventilation of our school-houses. This is a most important subject, and we trust the City Council will follow the suggestions of the City Physician.



*Medical Relief Society.*—We are requested to state that, previous to the motion for a committee of the Councillors on “the Medical Relief Society,” inquiry was made of two gentlemen interested in the previous movement, whether it would be regarded as an interference with them. They thought it would not. The purpose of the commission was not in any degree to anticipate their efforts, but on the contrary to co-operate with them by bringing to their aid the whole influence of the Mass. Med. Society. When it is considered that a subject of this kind must be matured by the Councillors before it can be presented to the Society, and that they have no other meeting before the annual one, their action in this case does not seem to be premature. At any rate, we are informed that not the least idea was entertained, by any one concerned, of interfering with or embarrassing in any way the efforts of those already engaged in this noble project.

*Transactions of the American Medical Association.*—We take pleasure in stating that Dr. Borland, 16 Winter street, has consented to act as agent for the distribution of the last volume of this valuable series. Copies of the work may be obtained of him at the rate of *three dollars* each. We trust that this announcement will be followed by a large number of applications for the work. To the disgrace of Massachusetts, we are informed that but *twelve* copies have been taken in this State, of which *five* were ordered for Boston, while in the State of Connecticut alone *eighty* copies have been sold! We have already called attention to this valuable work, in a critical notice. It is the cheapest medical book with which we are acquainted; 907 beautifully-printed pages, besides lithographic drawings, for three dollars! Of course, the Association can make nothing by the work; let the profession save it from loss, and secure for themselves a book replete with interest and scientific lore.

*Mass. Gen. Hospital.*—Dr. Winslow Lewis has been elected Consulting Surgeon of the Massachusetts General Hospital, in place of the late distinguished John C. Warren.

*Health of the City.*—We are glad to announce a decided diminution in the number of deaths from scarlatina, the number reported for the past week being 19 in place of 30 for the previous one. We observe there were 8 fatal cases of pneumonia. The number of deaths for the corresponding week of last year was 68, of which 15 were from consumption, 1 from scarlatina, and 6 from pneumonia.

---

ERRATUM.—In the last number, page 43, line 19, for “Neill” read *Mill*.

---

*Communications Received.*—Cooked or Raw Meat—Treatment of Club Feet.

---

DIED.—At Madison, N. J., Dr. George Cole, formerly of New York, 53.—In London (Eng.), Jan. 2d, Dr. Andrew Ure, of Glasgow, Scotland, 89. Dr. Ure was well known by his works on Chemistry.—At Falmouth, Me., Feb. 5th, Dr. Josiah Bachelder, formerly of Beverly, 82.—At Havana, 13th inst., Dr. E. K. Kane, the celebrated Arctic Explorer, 35.

---

*Deaths in Boston* for the week ending Saturday noon, February 14th, 80. Males, 39—Females, 41. Accident, 1—inflammation of the bowels, 1—burns, 2—disease of the brain, 1—consumption, 13—convulsions, 1—croup, 2—dropsy, 1—dropsy in the head, 3—debility, 1—infantile diseases, 2—typhoid fever, 2—scarlet fever, 19—disease of the heart, 2—disease of the kidneys, 1—inflammation of the lungs, 3—old age, 4—suffocation, 1—teething, 5—unknown, 4—worms, 1.

Under 5 years, 41—between 5 and 20 years, 9—between 20 and 40 years, 13—between 40 and 60 years, 10—above 60 years, 7. Born in the United States, 60—Ireland, 15—other places, 5.

*The American Medical Association.*—At the ninth meeting, held at Detroit, 1856, it was

“Resolved, That hereafter an annual prize of — dollars be awarded for the best memoir or essay founded on original investigation of the author, and, in case of no memoir or essay being presented worthy of such award, the prize money to be appropriated towards the expenses of publishing and illustrating such memoirs or essays as may be subsequently deemed worthy of an award.”

W. K. BOWLING, M.D., Nashville, Tenn.,  
Chairman of Committee upon Prize Essays.

Competitors for the prize will forward their papers, without the name of the author, to the Chairman of the Committee, accompanied by the name in a separate envelope, the latter only to be opened in presence of the Association.

The tenth annual meeting of the Association will be held at Nashville, Tenn., on Tuesday, May 5th, 1857.

The secretaries of bodies entitled to representation in the Association, are requested to forward to R. C. Foster, M.D., of Nashville, Tenn., one of the secretaries, a list of their delegates, immediately after their appointment.

“Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half this number. The faculty of every regularly constituted medical college, or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred inmates or more, shall have the privilege of sending two delegates, and every other permanently-organized medical institution, of good standing, shall have the privilege of sending one delegate.

“Delegates representing the medical staffs of the United States Army and Navy, shall be appointed by the chiefs of the Army and Navy Medical Bureaux. The number of delegates so appointed, shall be four from the Army medical officers, and an equal number from the Navy medical officers.”

Editors of medical journals will confer a favor upon the members of the Association by copying the above.

*Syringes.*—Dr. Reese, editor of the *American Medical Gazette*, published in New York, says—

“Dr. Mattson’s Family Syringes have become an institution among us, and though so recently introduced, have already obtained the preference over any and every other form of this useful instrument, all over the country. No physician will do without them, after having proved their simplicity, convenience and utility, and every family will find it handy to keep one in the house. They are little liable to be out of order with ordinary care; and will last a long while by replacing the valves, which accompany each instrument, and ample directions are enclosed for their use and repair.”

*Transactions of the American Medical Association.*—The last volume of these Transactions is thus enthusiastically alluded to in the February number of the *Nashville Journal of Medicine and Surgery*.

“The contemplation of this magnificent collection of reports makes the heart glad. They are the result of voluntary association and voluntary contribution of a class for the benefit of mankind, and the world’s records may be challenged to exhibit a parallel charity. It is not, as in seeming parallels, drawn from theological records, the sacrifice of a sect with an eye to partizan advancement, but the offering of an entire class upon the altar of mankind, and for the healing of the nations.”

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. LVI.

THURSDAY, FEBRUARY 26, 1857.

No. 4.

---

## COOKED OR RAW MEAT?

[Communicated for the Boston and Medical Surgical Journal.]

IF either of the writers who have recently published, in the Medical Journal, their reflections on the subject of raw animal food, entertain any reasonable expectation of revolutionizing the habits of man as "a cooking animal," it is certainly to be hoped that their fund of argument is not yet exhausted. It is surely no reason that man *should* eat his meat raw, because he *can*, unless a farther motive can be adduced for it. Let it be shown, however, that to cook is to impair the nutritive value of animal food, and that the condiments of cooking are useless, or worse than useless, and we may be induced to follow the advice of Mr. Webster, in another matter, and "conquer our prejudices"; or, even may join a regiment of raw and bloody reformers, if one shall ever be mustered. At present, we cannot "rest *secure* in the belief that we civilized beings are going counter to some of the primitive laws of digestion."

What are the "primitive" laws of digestion? The most primitive are those deduced by experience, and not codified, so to speak, until long after they had been obeyed as rules of action. In other words, experience regulated the selection of food a long while before science came to explain why and wherefore the rules were right. Experience may have gone wrong, but where is the evidence that it did so? It is not a new fact that Maine lumberers, Arctic explorers and guests at Abyssinian hospitalities, consume, among other things, meat not cooked; and more may be admitted to the same effect, as it is well known that there are whole tribes of savages who take raw meat with evident pleasure. It is also within our own local observation, that an invalid will now and then try animal food raw, as an alternative more promising than drugs. All this, however, proves nothing but man's omnivorous capacity. In comparison with the accumulated evidence of centuries, that man has always cooked his meat when he



could, such individual exceptions are not safe indications of the primitive laws of digestion. Not only has man acted on the law that cooking is useful, but his improvement of food is adopted by carnivorous brutes, who always eat cooked meat when they can get it; and man, again, following up their instinct, has learned that in raising animals to the greatest advantage it is profitable to cook food for them.

But the present purpose is to see what science, rather than experience, teaches in relation to the nutrition to be derived from animal food. The bearing of the evidence from this source may be expected to show, at least, that the laws of physiology and chemistry furnish no reason for changing our habit of cooking. On the other hand, not a little proof may be deduced from it that the nutritive element of meat is in larger proportion and in better form in cooked animal food than in raw.

What is the process of human nutrition? Omitting, at this time, bread, "the staff of life," and kindred articles of food, it may be said, with sufficient exactness, that all animal food may be divided into two dissimilar elements, that which is convertible into albumen and that which is not; or, in the language of chemistry, into elements containing nitrogen and those entirely destitute of it. The former of these is convertible into blood; the latter is not. The one is the material for, and component of the tissues of the body, and is digestible, or acted upon by the gastric fluid. The other principal part of the food is fat, and undergoes no change in the stomach; is not affected by the gastric fluid, and passes on unaltered, except by minute subdivision, as in ordinary officinal emulsions. It is a hydro-carbon, or fuel, to be burnt with the oxygen in the lungs, so much of it as is required, and thus energize and convert into structure and sustain, the products of the other portion of the food.

Is there, in physiology or chemistry, any evidence that cooking depreciates the value of either of these as human aliment? Careful analyses have demonstrated that boiled meat, and especially the boiled flesh of the hog, abounds considerably more in nitrogen than the raw; and as this is an important element in tissue-making pabulum, this evidence, so far as it goes, is in favor of cooking. The only deduction from this, which now comes to mind, is the opinion of an eminent chemist that "roasting and boiling alter in no way the composition of animal food," so that adopting either conclusion there is no reason, from this source, to believe that a loss is caused by cooking.

If the conclusion is a reasonable one, that cooked meat is at least as nutritive, if not more so, than raw, when examined by physiological and chemical science, the question may still be asked, do not the facts adduced by the writers in the *Journal* tend to show that raw flesh will *practically* answer as good a purpose?

There is no evidence, in these facts, of general application. The inferences are drawn from peculiar and not universal circumstances. Zeb. Mitchell & Co., living in the open air, with a good supply of albumen-furnishing bread to eat, had come to quite a rapid generalization that a given and small piece of raw fat pork "lasted longer" than one of the same size when cooked. In other words, when it was not "tried out" by boiling or frying, there was less "fat in the fire" at once. Wood, also, lasts longer than charcoal; but is it a better heat generator?

It is quite likely, in that moderately cold region, that if they had used no other food, they would in time have burnt up "the house I live in," and wished their albumen-formed structure had "lasted longer." Dr. Kane, who was also never without breadstuff, and respiring an atmosphere so cold that its volume of oxygen was highly condensed, had a peculiar and imperative call for large quantities of hydro-carbon to burn and save his body. Probably he might have swallowed fat in almost any amount, that would "stay," short of a dose of oil. At last, however, having so much oxygen to burn, he tells us he felt an appreciable "decline of muscular power." The slight amount of cellular tissue in which his fat was packed (about as valuable as the sawdust with which savages mix their tallow), furnished him with a poor supply of structure-pabulum, and he may very well have gone into raptures about walrus flesh, raw or cooked, if it would only save his body from the burning. Like the Maine experience, his theory was formed under forced circumstances. Highly, however, as he lauds the raw "pachyderm," there is but little temptation for us to adopt it in this region, as he calls it "a glorious meal, such as the compensations of Providence reserve for starving man alone."

The practical deductions from the occasional festive habits of the Abyssinians, who it seems eat both raw and cooked meat, are not at all unfavorable to the nutritious superiority of the latter. Not unlikely, as they advance in civilization, and become acquainted with M. Soyer, if not with the laws of physiology, they will adopt in full the experience of civilized man. By that time, it is to be hoped that this science will have settled all about the "digestibility" of fat pork, the fat of boiled bacon, &c., if the preceding condensed view of its teachings be incorrect.

Something more than has already been adduced, it would seem, is wanting to justify the recommendation of raw meat, in preference to that which is cooked, for men in health. Every now and then impressible minds are awakened to the possibility, perhaps probability, that the world always has been and is going on wrong; but still it goes on, in this connection, in the old domestic orbit. It was a simple device that deprived man of the distinctive appellation of being a featherless biped, but the feathers will be strip-

ped from many a reformer's cap before man will cease to be "a cooking animal." B.

---

PYRAMIDAL CATARACT—OPERATIONS BY DIVISION AND  
EXTRACTION.

BY HENRY W. WILLIAMS, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE following instance of a very rare form of cataract, and one which has been considered to present peculiar difficulties in regard to operation, is interesting from the cause which produced the affection and the means employed in its removal.

The patient had been attacked after birth with ophthalmia neonatorum, and during three weeks a variety of applications were made to the eyes; the inflammation finally subsiding under the use of frequent tepid lotions and the application of olive oil.

When I first saw him, in May, 1855, he was three years old. The centre of right pupil was occupied by a conical opacity, about the size of a hemp seed, which was evidently a deposit on the anterior capsule of the crystalline lens, and which projected through the pupil into the anterior chamber. This appearance was undoubtedly occasioned by the ophthalmia. The parents said this was the only opacity till within a few months. Since this time, the pupil has shown a bluish-white opacity, like milk diluted with water, extending gradually till nearly the whole lens has become affected. This cloudiness is very different from the chalky-white opacity of the deposit on the centre of the capsule.

The left eye exhibits a smaller deposit, of similar character; but the lens is not otherwise affected, and vision with this eye is good.

I advised an operation on the right eye only; which was performed on the 16th May, 1855.

The child having been etherized and laid upon a table, I introduced a very fine needle through the cornea, and divided the capsule around the circumference of the deposit. The substance of the lens was then broken up, and the deposit pushed with the point of the needle behind the lower edge of the pupil, but was not left in contact with the iris.

He recovered very promptly from the effect of the ether, and seemed quite himself in the afternoon. The room was kept moderately dark, but I did not think it necessary to annoy him by attempting to keep his eye covered with a bandage. He was therefore left at liberty. A solution of atropia was used, to keep up the dilatation of the pupil.

On the 17th, the eye was not in the least injected, and he did



not know that an operation had been performed. The pupil was occupied by a mass of lenticular substance, in the form of flakes, which extended into the anterior chamber.

On the 19th, there had not been the slightest injection of the eye. The flakes of lenticular substance appeared to be in process of rapid absorption, and he returned to his home in another State.

In August following, part of the pupil was clear, but a small portion of the lens and capsule remained undissolved.

From this time I did not see him till December last. A single minute thread of capsule remained attached behind the inner and upper edge of the pupil; but this still adhered to the opaque mass, and had drawn it up to about the centre of the pupil. The dead-white color of this mass rendered it a conspicuous deformity, and its central situation caused some confusion of vision. I therefore determined to extract it from the eye, if possible, by using the minute canula forceps styled "serre t'elle" by the Parisian oculists. To use this instrument, it is only necessary to make a puncture through the cornea with a rather broad cataract needle, and, if this is skilfully done, the canula may be introduced through the trifling wound thus made, before the escape of the aqueous humor. In the case before us, the canula was thus introduced, and the opaque globule being seized with the blades of the forceps, was withdrawn with little difficulty from the eye, together with the thread of capsule. No other part of the eye than the cornea being wounded in this operation, the risk of inflammation is small. The boy felt some discomfort from the effects of the inhalation of ether, and the eye was for a few hours slightly sensitive to light; but the next day this sensitiveness had passed away, and the eye was scarcely at all injected. Pupil perfectly clear. He returned home on the second day after the operation.

33 *Essex Street*, 6th February, 1857.

---

#### ON THE TREATMENT OF BOILS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—A few days since there fell into my hands the recent work of Prof. James Jackson, of Boston, giving a sort of summary of the large experience of that excellent and eminent physician. In running through it, I was interested, among other things, by his treatment of BOILS—a simple but very troublesome disease. It reminded me of the earlier years of my practice, when all sorts of remedies failed, particularly in families or with persons where it would have been much to my advantage and reputation if I could have been successful and rapid in my exhibi-

tions of skill. The treatment of Dr. Jackson was new to me, and I consider it well worth adopting, since all other forms of *medical* treatment may be considered, up to this time, *valueless* in the treatment of these eruptions.

In the course of my hospital practice, while residing at Lahaina, in the Sandwich Islands, I accidentally discovered, some twelve years ago, a remedy for boils, which I have ever since employed in all climates where I have had occasion to practise our "divine art." I have never known it fail to arrest, within thirty-six hours, the progress of a boil which had begun to form, and to prevent the eruption of new ones. The treatment has been so uniformly successful in my hands, that I have been led to communicate it to the profession, and recommend its adoption, by way of experiment, in all cases, but especially in troublesome ones. I have used the method alluded to, at the Sandwich Islands, in cases that came into port from the Equinoctial and Japan Seas, and from the Southern and Northern polar regions. In California and Massachusetts, I have used it with the like successful effects.

*My practice is simply to bleed and give no medicine.*

My experience leads me to do this with just as much decision as I give quinine in intermittent fever, or opium and sugar of lead in dysentery. While my experience has compelled me to think less favorably of bloodletting in many serious forms of disease, where it has been highly recommended by eminent authorities, I have become more convinced of its uniform remedial efficacy in the simple disease of boils, than in any other malady.

I hope physicians having large opportunities will try the treatment faithfully, and report results. I was led to adopt the practice as a matter of curiosity and experiment. I had occasion to bleed a seaman (who happened to be afflicted with boils) for some serious disease, wholly disconnected with the eruption. The following day I was surprised to see the furunculi wholly changed in appearance, their summits depressed, cuticle puckered, fiery color abated, soreness better, and in every aspect indicating a radical improvement, and giving me the idea that they could never resume an active state, and that some sudden change of constitution and internal force must have supervened to produce such marked and singular improvement. On reflection, I believed the bloodletting to have been the cause of this alteration, and I resolved to test the point when opportunities occurred. From that day to this, I have used no other remedy for boils, whether small or of a character sometimes assuming the form of carbuncles and abscesses, where these appear in succession.

I recollect some very aggravated cases in persons of apparently strong frames, where either the idea of being bled, the sight of the blood, or the loss of it, has produced *fainting* when I had not obtained more than eight ounces, where it was my in-

tention to take sixteen ounces. I feared for the result of my practice and promises, but the improvement was perceptible within thirty-six hours, and the cure was rapidly effected—to the amazement of the incredulous patient.

I have not found it always easy to induce persons to submit to venesection for this disease. It seems to them a formidable remedy, and so wholly inapplicable, besides, to an eruption which in their opinion requires the prescription of medicines “to purify the blood,” that they are apt to object, where not having full confidence in the value of the treatment. They do not stop to think that the effects of blood-letting on the system are more profound and rapid, and perhaps may be more useful in creating immediate changes in the qualities of the blood and in the vital powers of the human constitution, than the ordinary prescriptions from the *materia medica*. Where persons have been acquainted with me, I have found but few explanations necessary; but the affliction of boils, although so annoying, has seemed so simple a complaint to many persons, that I have sometimes felt a degree of embarrassment in proposing venesection, as I knew its novelty would seem to them formidable and objectionable. But I have observed the most flattering success where objections have been the strongest.

If you think this communication of sufficient value to the art of healing to insert it in your Journal, I hope the experience embraced in it may be as successful with our brethren as it has been with me.

Very respectfully, your ob't servant,

Troy, N. Y., February 10, 1857.

C. F. WINSLOW, M.D.

#### CASE OF RIGIDITY OF THE OS UTERI.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Perhaps the following may be worthy of your notice.

Mrs. W., æt. 31, healthy, was seized with labor pains at 3 o'clock, A.M., June 5th, 1856, at full term; first child. She has had four abortions, all at or near the end of the second month.

8 o'clock, A.M.—Pains strong and regular; intermissions distinct; os uteri of the size of a five cent piece, thick and firm, otherwise natural. Pelvis ample. Presentation of the head. Liquor amnii slowly running away.

12 o'clock, M.—Contractions strong and regular; os uteri the size of a ten cent piece, firm; pulse full, 80; vs. 3 xvi. To have, occasionally, a warm enema.

5 o'clock, P.M.—Os uteri unaltered; to have an enema of anti-mony gr. i., warm water 3iv.

8, P.M.—The antimony was followed by very slight nausea. No perceptible change in the os uteri. To repeat enema of anti-



mony grs. iss., tinct. opii  $\zeta$ iss., starch-water  $\zeta$ iv. This was followed by nausea and slight retching. Pains still strong, and her demands for aid urgent.

10 o'clock, P.M.—Very slight, if any, change in the condition of the uterine orifice, to which I now applied pretty freely, ext. belladonnæ. To have a large enema of warm gruel. Pulse 75, full, moderately strong; face red. Passes urine freely.

11 o'clock, P.M.—Os uteri much the same. Vagina, previously cool and well lubricated with its secretions, was now hot and dry; the abdomen tender; face livid, bathed in perspiration; head very hot; pulse full; says her head feels well enough; speech rather indistinct; slight wandering. Vs. about  $\zeta$  xxx.; cold to the head; sinapism to the spine.

June 6th, 2 o'clock, A.M.—Pulse moderate; head cool; pains strong and frequent; os uteri about the size of a twenty-five cent piece.

Nine hours after this, the mouth of the uterus being dilated to the size of a silver dollar, with Dr. C——'s assistance it was forcibly dilated with the fingers and pushed over the child's head, and with the vectis the labor was completed at 12 o'clock, M. Child breathed imperfectly a few times, and died; artificial respiration, warm bath, &c., failing to sustain life. Weight, eight and one quarter pounds.

Mrs. W——'s recovery was as rapid and favorable as usual. During gestation she had suffered considerably from hæmorrhoids.

A somewhat unusual feature in this case, was, that during the whole thirty-three hours, the uterine contractions were very strong—so much so, that I feared a rupture of the organ.

Respectfully yours,

SAMUEL PETERS, M.D.

*Crescent, N. Y., February 7th, 1857.*

## CASE OF PEMPHIGUS, OR "BURNT HOLES."

BY S. KNEELAND, JR., M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE patient was an Irish boy, 13 months old, rather scrofulous-looking, but who had been well till within five weeks of November 26th; had the incisor and first molar teeth. Parents healthy. Lived in a high, airy location on Lake Superior, though somewhat damp; he was not very warmly clad, ate everything his parents did—fat, and chiefly salted meats, and was brought up in the filth of his race, increased by the neglect attending the children of laboring people.

About five weeks ago, the mother noticed what she supposed was a chafing in the crease of the thigh and scrotum of the left

side. She paid little attention to it for a week, when she found a string of ulcers, with ragged edges and foul surface, extending for about  $1\frac{1}{2}$  inches in length and half an inch in width. About a week after, she saw a redness on the dorsum and root of the penis, which at the end of a week had become a foul ulcer of the size of a five cent piece. Thinking it arose from the irritation of the urine, she paid no attention to it, and could consequently not say how it began—whether by papule, bulla, or pustule, or whether there was any discharge before the formation of the ulcer. There were no febrile symptoms to attract attention; the appetite was tolerable, and the bowels regular; the child was cross and fretful, and always trying to scratch the parts, as if to allay itching; the flesh was flabby.

The scrotal ulcers were evidently formed by three or more coalescing, as the circularly indented margin would indicate. The ulcers were sunk about one eighth of an inch below the surface, with undermined edges, and the surface was covered with a tenacious dirty-yellow pus; the urinous odor about the parts prevented the detection of the true odor of the discharge. There seemed to be no desquamation, and there was no gangrenous aspect about the sores.

The causes of this condition were evidently improper food, inattention to cleanliness, and perhaps exposure to the damp air of the lake, with insufficient clothing.

Though the bullæ were not observed, the redness of the skin and the character of the ulcers (well represented in Pl. V., fig. 1, of Neligan's *Atlas of Cutaneous Diseases*) were sufficiently diagnostic. It could not be confounded with herpes or rupia in this ulcerated stage. The treatment at first was simple cerate to the ulcers, with strict attention to diet. The solid nitrate of silver was then tried, without benefit; then an ointment containing a little nut-galls, as recommended by Neligan, with Lugol's solution and citrate of iron internally, and powdered starch to soak up the discharge. The child was cured in a month.

---

#### GESTATION AT ADVANCED AGE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I forward you two cases of accouchement, which are somewhat interesting on account of the ages of the patients. If you think them of interest enough to insert in your Journal, please do so.

CASE I.—Mrs. B., married about twenty years. Has had three husbands. Is 44 years old. Was confined with her first child, Dec. 6th. I was called at 10 o'clock, A.M.; child born at 4 o'clock, P.M., of the same day. Had been in labor forty-eight

hours before I saw her. Head presentation. Child very large, weighing thirteen pounds. Mother and child doing well.

CASE II.—Mrs. H., married two years. Is 48 years of age next April. Was confined with her first child, Jan. 29th, 1857. First saw patient at 3 o'clock, A.M., 29th. Labor began at 6, P.M., 28th. Knee presentation, with prolapse of cord. Waters broke early. Was delivered at 6 o'clock, P.M. Child stillborn from compression of cord. Contraction of os uteri very strong. Was obliged to give a nauseating dose of tartar emetic in order to deliver the head.

G. F. JACKSON.

*Boothbay, Me., February, 1857.*

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JAN. 26th.—*Poisoning by Colchicum.* Dr. FIFIELD, of Weymouth, read the case.

Martin Murphy, an Irishman, æt. 28, strong and healthy, occasionally intemperate, was suddenly attacked, on Christmas Eve, while standing in his room in company with several friends, with violent pain in the right ham, so severe as to cripple him at once. On the morning of Christmas day, Dr. F. found the patient in bed, complaining of violent pain in the region referred to, and that he had been unable to sleep during the night. He could assign no cause, neither accident nor exposure. He had never had rheumatism. He was unable to raise the limb or to flex it. On examination, the knee-joint was neither swollen nor painful to the touch. The pain was entirely referred to a small spot in the popliteal space. Supposing the case to be one of cramp, a liniment, composed of equal parts of chloroform and olive oil, was ordered to be rubbed upon the part; also, eight grains of Dover's powder, to be taken immediately; if sleep were not procured at the end of two hours, to be followed by twenty drops of landanum.

Notwithstanding the application of the liniment, leeching, opiates, &c, the limb grew no better, and on the 29th the knee-joint was found to be considerably swollen, the patella being slightly elevated; the urine, also, was high colored.

Judging the case to be one of acute rheumatism affecting the fibrous structures, twenty drops of the wine of colchicum was ordered to be taken every six hours. On the following day the patient was much better and the pain greatly relieved, and he was able to move the limb. He said he obtained relief soon after the first dose. He was ordered to continue the colchicum every eight hours. On visiting the patient at 3, P.M., on the next day, Dr. F. found him pale, cold, vomiting constantly, purging, and complaining of great thirst and pain at the epigastrium. Pulse feeble. He said he had found continued relief from the medicine, that the pain had disappeared, and he was able to move the limb quite freely, and even to get out of bed. He also stated that he had been led, in consequence of the great and immediate relief he had



experienced from the colchicum, to increase the dose, and had taken, in the morning, *half an ounce*, thinking that a large dose would restore him to perfect health. In two hours, vomiting and purging came on, continually growing worse till Dr. F. saw him. The vomiting was peculiar, occurring with the greatest ease. The purging was not very frequent. Brandy, with thirty drops of laudanum, was ordered; also, sinapisms to the epigastrium. Small quantities of lemon juice were found acceptable. No drink was allowed. At 8 o'clock, P.M., the vomiting had not recurred. One grain of opium was ordered. Vomited once just before taking the pill. Strict orders were given to withhold all liquids, notwithstanding the patient's thirst.

On the next morning he was reported to have vomited since eleven o'clock on the night before, at which time his wife gave him a pint of gruel and cold water *ad libitum*. He was quite feeble; the pupils widely dilated and the pulse weak. Solid opium was ordered. All liquids were withheld, except occasionally a tablespoonful of an effervescing mixture, and no vomiting again occurred. On the 3d of January he had entirely recovered.

Dr. JOHN WARE said that he had known of one or two cases of death, partly attributable, in his opinion, to the effects of colchicum. One was a case of violent rheumatism. The patient having been put under the influence of this remedy to the extent of being purged eight or ten times a day, the rheumatic symptoms subsided, but the bowels continued to act, the discharges became bloody, and death took place at the end of a week. On examination *post mortem*, the *colon* was found swollen and inflamed throughout its whole extent, with patches of lymph upon its surface. The *left lung* was congested, softened and in a diseased state. The other case was that of a child.

He also mentioned other cases where much prostration followed its exhibition, together with bloody discharges, vomiting, &c. The effect of this remedy upon the rheumatic affection he had found very marked.

Dr. Ware also alluded to the effect of colchicum in certain abdominal affections. In one case, the patient, a stout, healthy man, had been troubled with a painful affection of the abdomen resembling colic, not unlike that form produced by lead, there being, however, no evidence that it was due to this poison. Various remedies were tried without avail. Colchicum was at last given in moderate doses, till a mild action of the bowels took place, this being continued for ten days. The effect of the medicine was to diminish the pain even before purgation came on, and the patient was entirely cured.

In another case, one of chronic painter's colic, in which, also, various remedies had been vainly resorted to, colchicum effected a permanent cure.

Dr. JACKSON mentioned the case of a Hospital patient with rheumatism, in which purgation having been induced by this remedy, did not cease after its discontinuance. There proved to be inflammation throughout the large intestine. He thought it might be a question whether this condition was in consequence of the subsidence of the rheumatic affection.

JAN. 26th.—*Ovarian Disease*. Dr. JOHN WARE reported the details and conclusion of a case of dropsy, of which an account has already been given by Dr. GAY. (See Soc. Rec. Vol. III. p. 47.)

Mrs. S——, aged 27, was delivered of her first child six years ago,

after a hard and long labor. She recovered slowly and imperfectly. Had pain in the ovarian regions of each side, with fever and swelling of the abdomen after she had left her chamber, and never fairly recovered her health afterwards. She was delivered a second time at the expiration of two years. During pregnancy the abdomen became much more distended than was due to the uterine enlargement, and there was an obvious fluctuation. Her second labor was easy; but very soon after it, the abdomen became suddenly very much distended, partly with liquid and partly with flatus, and never afterwards entirely subsided. For about three years more she continued in a varying but gradually declining state of health—having, during this period, several distinct attacks of peritonitis.

She was first seen by Dr. W. in December, 1855. The abdomen was enormously distended with liquid, the respiration difficult, the pulse rapid and feeble, and the general distress very great. For a few days some relief was attempted, but the condition of the patient became rapidly so much worse, that she was tapped by Dr. Gay, though at the time of the operation it seemed very doubtful from her extreme feebleness and distress whether she would survive it. After a few days she began to rally, and became comparatively comfortable, but at the expiration of six weeks a repetition of the operation became necessary.

The canula was now left in the wound, and the fluid drawn off as fast as formed. Presently its character changed, and an extremely fetid pus was discharged. By washing out the cavity with simple water, the foeter was removed, the cavity diminished in size, and the canula was removed in July. The opening healed. She spent the summer in New Hampshire, enjoyed good health, and on her return weighed 12 pounds more than she ever had before. Her aspect was that of perfect health. Menstruation had returned—too frequently at first, and latterly too copiously. To the right of the median line, and somewhat below the umbilicus, was felt a hard small tumor within the abdomen, which was supposed to be the obliterated ovarian sac.

Six weeks ago she began to complain of pain and tenderness across the epigastrium, with loss of appetite and strength. These symptoms increased. The abdomen enlarged.

Jan. 5th. She complained of pain in and around the uterus, and pain in passing feces. There was swelling, with distinct hardness in the right pelvis, but the enlargement of the abdomen elsewhere seemed chiefly flatulent.

12th. Enlargement much increased, but the swelling of the right seemed quite distinct from that of the left pelvic region—the former being more dense, the latter fluctuating. The upper part of the abdomen was sonorous on percussion. The whole abdomen was very tender—there was vomiting and inability to take food. Pulse rapid and feeble.

16th. Increase of symptoms—but though the swelling had increased, there was an evident line of demarcation between that in the two pelvic regions. Above the umbilicus percussion was still sonorous.

21st. Distension had increased very rapidly; it was uniform, and everywhere fluctuating. The countenance was much sunk; the pulse very rapid and feeble; respiration labored, and the whole aspect very unfavorable. Vomiting continued. She was again tapped by Dr.

Gay, and about 16 pints of a thin bloody fluid drawn off. A good deal of relief to the patient followed; the fluid continued to discharge through the canula which was left in. There was, however, no material improvement, and death took place Jan. 25th, four days after the operation.

The liquid discharged in the two first operations was of a thick dark coffee-like color, and of a thick ropy construction. There can be little doubt that it was from a cyst. In the last operation the collection was unexpectedly found to have been in the cavity of the peritoneum, which accounts, probably, for its different character.

*Post-mortem Examination.*—*Externally*, the *abdomen* was flattened and irregular. To the touch, this irregularity was produced by an indurated mass occupying more particularly the whole region on the right side of the median line, from the liver to the iliac fossa. An incision was then made from the ensiform cartilage to the pubis. A liquid (claret colored), similar to that removed at the time of the tapping, was seen in the abdominal cavity. A crucial incision was then made on a line with the umbilicus, and the whole of the fluid sponged away. On turning outwards the abdominal flaps, their whole *peritoneal surface* was found much thickened, and at some points inflamed, at others dotted with red spots in large numbers, and generally presenting a roughened, honey-comb looking appearance. There was no indication of an ovarian cyst that had been opened. On searching carefully, it was clearly seen that the whole *omentum* was diseased, thickened, and adherent to the abdomen laterally. The adhesions were such that a complete partition was made between the intestines and the abdominal walls anteriorly. Here was an artificial cyst or cavity, made where the fluid had collected. The fluid was not ovarian, and its red, claret, bloody color was undoubtedly owing to blood that had escaped from the red spots. In the region of the liver and stomach was another cavity, containing the claret liquid, and communicating with the main one. In the gross appearances, the disease of the omentum looked very much like the tissue of the pancreas, made up of large granules or lobules, irregular in their size and shape, friable in some places, firm and almost elastic in others.

The disease was separated at the upper part of the abdomen, and then removed from below with the uterus and ovaries, to which it was strongly adherent.

At a subsequent thorough examination by Dr. Ellis, the disease was entirely separated from the uterus and ovaries. The remains of the cyst that was formerly tapped, were found in a healthy state, the size of half of the palm of the hand, an inch thick, with traces of the former cavity. It was unmistakably the contracted, thickened cyst. Nowhere in its structure was there any sign of the disease of the omentum. The *uterus* was healthy. There was a cyst, of the size of a hen's egg, in the other ovary.

The following is the account furnished by Dr. ELLIS. The large thickened mass, probably the omentum, was so closely connected, and continuous with the pelvic organs, that the line of separation could not be distinguished. The pelvic organs themselves were also so closely bound together, and covered with adventitious material, that they could hardly be traced.

The old sac was, however, finally found, its upper edge closely at-



tached to the lower edge of the thickened omentum. It was connected with the left ovary and formed a fibrous, dull-white flattened mass, nearly an inch in thickness and about three inches in diameter. Externally it was, in parts, pretty smooth and rounded, elsewhere wrinkled and irregular, having been torn up from the posterior part of the uterus. The outline of the cavity was distinct, though the latter was obliterated by adhesions, which were separated with little difficulty, the inner surface thus exposed being pretty smooth.

In the other ovary was a cyst, about two inches in diameter. The thickened omentum presented a peculiar appearance, being composed of a firm, grayish-white substance, in which were many small masses of fat, looking like those generally seen in the omentum, though smaller. The adventitious material had apparently formed around them. Microscopically it was a cell-growth, but no positive opinion could be expressed with regard to its character.

FEB. 9th.—*Tracheotomy for the removal of a Pebble from the Trachea.* Case reported by Dr. SALTER.

On the 13th of November, 1856, Dr. S. received a letter from Rev. Mr. S., of D—, N. H., from which is the following extract :

“G. has the asthma—as is supposed. His breathing and peculiarity of cough have been of such a character for the last six weeks as to indicate this—wheezing, &c. The very day his complaints commenced, the boy had a pebble-stone in his mouth, and came near being strangled by it. While attempts were made to get it out of his throat, it disappeared; but whether into his stomach or into the windpipe, I do not know. From that moment to the present time, he has suffered from what the Doctor suggests may be asthma. *Can any thing be done for him?*”

Dr. S. stated in reply, “that he never knew or heard of a case of asthma or any similar disease in the family; and as the symptoms mentioned came on suddenly and followed immediately after the disappearance of a ‘pebble-stone’ from the boy’s throat, either into his stomach or trachea, he should refrain from offering any opinion without seeing the boy.”

On the 26th of November, the father came to this city accompanied by his son; and from him was elicited the following statement. G. left home in the afternoon, to play in a neighboring garden with a company of children. In the garden were paths which had recently been filled up with sea-beach pebble-stones. There were also a couple of deer in the garden. The children, while enjoying their sport, picked up some of the pebbles, probably for the purpose of throwing at the deer. G. put several into his mouth, but had removed all but one when the deer came towards the children, who being frightened, ran for the piazza for safety. While jumping on to the piazza, G. was suddenly seized with violent coughing and symptoms of strangulation. A woman who was near at hand, and to whom he made signs indicating that something was in his throat, put her finger into his fauces in order to relieve him, and said that she felt the pebble, and while attempting to remove it, it slipped from her fingers. Almost immediately the violent symptoms subsided, and the boy ran home. From this time the child had occasionally had violent fits of coughing. This cough was very peculiar; being short, suffocative, and slightly stridulous. During the day, for the most part, if kept quiet, he had

very little cough, and his breathing was quite easy and natural; but on making any exertion, as in running or going up and down stairs rapidly, coughing was excited, and his breathing rendered so difficult and laborious that it could be heard in almost every part of the house. The fits of violent coughing seldom occurred during the day, unless there was extra exertion. At night, however, after going to bed, the fits of coughing and difficulty of breathing were particularly severe and distressing. Such was the history of the case.

While the boy was quiet, it was noticed that his expiration was more difficult than his inspiration. On applying the ear to the chest, either front or back, light sonorous and sibilant sounds were heard. They were most distinct when the ear was applied to the acromial region of the right side, either back or front. After exertion these sounds were louder. The whistling sound would disappear for a short time after a fit of coughing, and then return.

In view of all the facts, Dr. S. gave it as his opinion, that there was a foreign body in the trachea or one of the bronchi, and advised an operation for its removal. To this the father replied, that as his own physician, in whose judgment and skill he had great confidence, had expressed a doubt as to the pebble being in the trachea, he should delay the consideration of an extreme remedy for the present. Such being the case, and urged to try something, Dr. S. suggested an emetic as affording some chance. This however proved ineffectual, though it acted with great power. Turpeth mineral was the article used.

The child was not again seen until the third of the present month, though he had been heard from through his father several times. During the two months interval no improvement in his condition had taken place, but in some respects the symptoms were much aggravated. Besides the usual symptoms, he had passed through a mild attack of lung fever. The paroxysms of violent coughing became more and more frequent, more distressing, and more prolonged, continuing, for the last few nights, from three to four hours. He complained more frequently of suffering an intense fixed pain in the upper part of the trachea, commencing with the cough and lasting for some time after the fit was over, but gradually subsiding into greater or less continuous soreness. His appetite was failing and his flesh emaciating. The father was again urged to submit his child to an operation, as affording the only chance of saving him. Accordingly he brought him to the city on the third of the present month. On the 4th, Dr. Henry J. Bigelow visited the child in consultation, and agreed as to the diagnosis and the necessity of an operation, and to his skill and judgment the case was now entrusted. Thursday, the 5th, at 12 o'clock, M., was fixed as the time for its performance.

In the morning of the day of the operation, during a paroxysm of coughing, the stone was heard forcibly driven to the upper part of the trachea two or three times, conveying the idea of a light clicking sound at the upper part, and a duller sound at the lower part of the trachea. The boy complained of the usual pain at the upper of the trachea after the fit of coughing was over. This freedom of the stone in the trachea gave reason to hope that there would be little difficulty in finding it;—in short, that it was altogether probable it would be

expelled from the trachea the moment a sufficient opening should be made.

The operation was performed in the presence of Drs. Coale, Hodges, and Coolidge. The patient having been placed upon the table and etherized, he was put in position for the operation. An incision was made exactly in the median line, about two and a half inches long. The skin, fascia and fat being divided, the sterno-hyoid muscles separated, the loose cellular texture and veins being removed from the front of the trachea, and the thyroid gland pushed out of the way, the trachea being stretched and fixed by the assistants and the wound perfectly cleansed of blood, a knife was inserted into the trachea at the lower part of the wound, and three or four rings divided by carrying the knife upwards. A moment after the opening was made, the stone was thrown into the opening by a short and sudden cough, and before it could be seized by the forceps another short cough threw it out upon the napkin. A curved conical silver tube was introduced into the trachea, to prevent the entrance of blood. As soon as all danger of this had ceased, the tube was removed, and the wound dressed with folds of linen cloth moistened with water. These were changed as often as they became dry. In the evening the wound was closed with adhesive plasters. The night was passed more quietly and comfortably, and with more sleep, than the boy had had during any one night for four months. The stone was smooth, and about the size and shape of a Lima bean. After the operation the wound healed rapidly, the patient improved in health and strength, and is now, Feb. 14th, entirely recovered.

---

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

~~~~~  
BOSTON, FEBRUARY 26, 1857.

---

### STRYCHNIA: ITS USES AND ABUSES.

THIS powerful alkali has figured very prominently of late before the public ; and has, in certain instances, been handled, medically, in a manner somewhat remarkable. It is certainly not from any lack of caution as to its use by writers upon Pharmacy and Therapeutics that its powers have been at times very strikingly and dangerously manifested ; but it is rather owing to its reckless employment or to an over-zeal in eliciting its effects, that accidents under medical management have happened. Those in the habit of prescribing it, if well instructed, know that it is second only to prussic acid in energy, when given in sufficient quantity to affect the system as a poison. A girl, 13 years old, died in about one hour from taking, by mistake, three fourths of a grain divided into three pills ; and it has even been asserted that merely inhaling a little of it has proved fatal. Moreover, administered remedially, it sometimes has had an evidently cumulative action, and its effects are very likely to break out suddenly and uncontrollably, unless the greatest care is taken not to give too large doses, continuously. Yet there are instances where, from having long given it ineffectually, the practitioner has become impatient and added, very slightly it may



be, to the usual dose, with the result of throwing his patient into strong convulsions. At other times the increase of the dose has even been more rash. Certainly this is an *abuse* of strychnia.

We have lately heard of employing strychnia in some cases of *insanity*. We do not deny that there may be instances where it is demanded—as perhaps in certain concomitant paralytic states; but we are not cognizant of any special action that is predicated of this medicine likely to benefit the mental aberration. In a case of furious mania recently for a short time under our observation, we learned that *strychnia* had been administered on the outbreak of the affection. We are aware that it has been recommended in certain cases of maniacal aberration—but, as we suppose, in such as exhibited the moping melancholy form, and in hypochondriacal states. We fail to see the indication for its employment in violent, active mania, in young, vigorous persons. If we mistake not, there have lately been reports of similar treatment in analogous cases; if our distrust be only *ignorance*, we beg to be enlightened upon the point. Unless we are thus informed, we put this down as another abuse of strychnia.

It is needless to refer to the frightful and cold-blooded murders, the detailed circumstances of which have made communities tremble. In these cases, the abuse of strychnia has had its *uses*, in that it has given to the world the elaborate chemical reports and investigations required by the legal necessities of the case. These will stand as invaluable evidence, and be always looked upon as mines of information. In connection with this part of our subject, we consider it an *abuse* of strychnia, as of *any* subtle and potent poison, to have it so easily procured. Druggists should not be allowed to vend this medicine, any more than arsenic, opium, prussic acid, &c., to all applicants indiscriminately. Might not much of this abuse be done away by refusing the sale to all who do not present a physician's prescription or order? We are aware that much has been written and said upon this point, and also that nothing, of consequence, has been done. Often these deadly articles are as heedlessly sold as the most simple remedies. The small pecuniary gain to the apothecary, levies a large debt of responsibility against him.

The legitimate *uses* of strychnia are well known. A powerful excitant of the nervous system, without any specific action on the brain, it has been long acknowledged to be a very valuable remedy in certain paralytic conditions. Combined in minute doses with purgatives, it hastens and increases their action; and it has thus been advantageously employed in some cases of amenorrhœa, or of suspended menstruation. We can testify to good service done by it in this way. As a tonic, *brucia*, the other component alkaloid of *nux vomica*, has been found perhaps more useful than strychnia. The latter is often prescribed in dyspeptic states, such as are accompanied by pyrosis and gastrodynia. Testimony is strongly favorable to its curative effects in spasmodic asthma. Externally, its employment for amaurotic troubles has been extensive.

To recur once more to the abuses of strychnia, or, which amounts to the same thing, of the *nux vomica*, we cannot refrain from alluding to one which, in view of the strength and unmanageable nature of the agent, should be represented to the too credulous public in the way of a caution. There are those who, by the necessity of their

position and avocations cannot have that knowledge of, and familiarity with this and other giants of the *Materia Medica*, which fit them for advising or regulating their use. Still, very many, in every community, are willing to take, from such unskilled persons, compounds containing unknown amounts of strychnia, &c. &c. Thus we have *soi-disant* or retired clergymen advertising that they will furnish a prescription for a preparation containing the active principle of St. Ignatius's bean, and the directions for using the same. All such tamperers with human health and life are accountable to a higher tribunal than any earthly one, and those who aid and abet them must bear them company thither. It being quite sure that the adoption of these quack remedies by the people, only brings the honest physician more patients, we shall not be accused of covetousness in protesting against them. We do not aspire to coerce people, even by argument and the exposition of the bold and unwarrantable assumption that seeks to medicate—or rather to poison them—they are free agents, but certainly in no other affairs do they act so inadvisedly or expose precious interests so recklessly as in the care (as they understand it) of their health.

The proper uses of strychnia, as of all medicinal agents, are only thoroughly known by the educated physician. Why does any one desire—or dare—having the manifest peril in view which its improper employment implies—to entrust its administration to the unfamiliar—the adventurer—or still worse, if possible, to their own judgment?

And we even commend to Legislative consideration the dangers constantly attendant upon the unrestricted sale of medicinal articles, a fractional part of a grain of which sometimes takes life more quickly than the knife or the bullet. The facility of procuring such materials arms the unprofessional murderer quite as surely, if less covertly, than it does a PALMER.

#### ETHER AS AN ANTIDOTE TO CHLOROFORM.

CONSIDERABLE attention was excited in Paris, some months since, by the announcement of M. August Fabre, that the inhalation of ether acted as an antidote to the fatal effects of an overdose of chloroform. A committee was appointed by the Academy of Sciences to investigate the matter, and M. Fabre was requested to repeat before the members the experiments on animals by which he pretended to have discovered this valuable property of ether. The result has been that the experiments signally failed to establish the truth of M. Fabre's assertion, and the committee concluded that, far from being an antidote to the effects of chloroform, ether tended to prolong, and even to aggravate, the dangerous symptoms caused by the excessive inhalation of that agent.

#### TOTAL ABSENCE OF THE UMBILICAL CORD.

THE *Union Médicale* quotes from a German journal the following curious case. A strong, healthy woman was confined for the fifth time, the other labors having been normal. The midwife felt through the os uteri a soft mass, which she took to be the placenta; there was no hæmorrhage. A consultation of several physicians was held. The membranes had ruptured six hours previously; the os uteri was open, and the upper part of the vagina was filled by a thick, soft body, having all the appearances of the placenta. On passing the finger through

the orifice, forwards and to the left, it came in contact with the ribs of the foetus, and backwards and to the right was felt the abdominal wall. The finger could be passed completely around the soft mass, which was movable and free, only adhering by its centre to the body of the foetus, for a small extent. The hand being slowly introduced, a knee was felt and seized with difficulty, by which the child was extracted without further trouble. The child was born at full term, but was very small. There was a large tumor on the back, consisting of a spina bifida. The placenta, which was of normal size, was implanted directly by its centre on the umbilicus. There was no vestige of a cord. The women did well.

---

*Medical Appointments and Resignation.*—Dr. William M. McPheeters, one of the editors of the *St. Louis Medical and Surgical Journal*, has been appointed by the Secretary of the Treasury, physician and surgeon to the Marine Hospital at St. Louis, *vice* Dr. George Johnson, resigned.—Dr. Carpenter, of London, has resigned the Chair of Physiology, which he has so long adorned.

---

*Prophylaxis of Puerperal Convulsions.*—M. Piedaguel, one of the physicians at the Hotel Dieu, in Paris, recommends strongly the administration of quinine and sub-carbonate of iron to lying-in women who are exposed to the contagion of puerperal fever. He prescribed eight grains of the former and thirty of the latter daily, in divided doses, to every woman who entered his wards. During 68 days he had under his charge 51 patients. Of these, 11 had the early symptoms of the disease, which did not continue; 1 came in from another hospital where she was delivered, with the fever, and delirious: she died in two days. This was the only case which occurred in the wards. During 38 days, another series of 40 women were subjected to the same treatment. Of these, 15 had slight symptoms; 2 were severely sick; 1 died, of puerperal fever, with peritonitis and effusion into the thorax. Thus out of 91 women, only 1 died of puerperal fever contracted in the wards.

---

*Health of the City.*—The mortality from scarlatina is still decreasing, though slowly. Last week there were 17 deaths, two less than during the preceding one. During the corresponding week last year there was only 1 death from this cause. The mortality from pneumonia was small, only 3 deaths having been reported. The total number of deaths for the same week of 1856 was 84, of which 17 were from consumption, and 8 from lung fever.

---

*Communications Received.*—Case of Croup, with expulsion of False Membrane.—Case of Hernia strangulated by the neck of the sac.—Observations on the Veratrum Viride.

*Books and Pamphlets Received.*—Statistical Report on the Sickness and Mortality in the Army of the United States, compiled from the Records of the Surgeon-General's Office, embracing a period of sixteen years. Prepared under the direction of Brevet Brigadier General Thomas Lawson, Surgeon-General U. S. Army, by Richard H. Coolidge, M.D., Assistant Surgeon U. S. Army. (From the Surgeon-General.)—Semi-Centennial Anniversary of the Medical Society of the State of New York.—Essay on Muscular Action and its Conditions. By J. H. Walters, M.D., Professor of Physiology in the St. Louis Medical School.

---

*Deaths in Boston* for the week ending Saturday noon, February 21st, 81. Males, 37—Females, 44. Accident, 2—disease of the brain, 1—congestion of the brain, 2—burns, 1—consumption, 20—convulsions, 4—croup, 3—debility, 1—infantile diseases, 5—puerperal, 3—scarlet fever, 17—disease of the heart, 1—inflammation of the lungs, 3—congestion of the lungs, 2—disease of the liver, 2—old age, 2—rheumatism, 2—scrofula, 1—teething, 4—unknown, 2—whooping cough, 1—worms, 2.

Under 5 years, 43—between 5 and 20 years, 4—between 20 and 40 years, 21—between 40 and 60 years, 8—above 60 years, 5. Born in the United States, 53—Ireland, 20—other places, 3.



*Missouri State Lunatic Asylum.*—From the third Biennial Report of this institution, by Dr. T. R. H. Smith, superintendent and physician, we take the following items.

On the 27th of November, 1854, the date of the Second Biennial Report, there were in the building ninety-four patients—fifty-three males and forty-one females. During the last two years, ending November 27, 1856, there were admitted one hundred and eleven—sixty-three males and forty-eight females, making the whole number under treatment, two hundred and five. Of this number, there have been discharged seventy—forty-five males and twenty-five females.

Of those discharged, forty-one had recovered, four were improved, four stationary, three eloped and eighteen died.

Since the Asylum was opened, three hundred and four patients have been admitted—one hundred and sixty-seven males and one hundred and thirty-seven females. Of this number, one hundred and sixty-eight were old cases, and one hundred and thirty-six recent.

*The Vapor of Amylene.*—On Saturday last we again saw this substance employed by Dr. Snow, in place of chloroform, at Kings's College Hospital. It was first given with good effect to a child with a nævus, then to another with a hare-lip: in both it seemed to answer very well. In a third case, of plastic operation of the face of a man, although there was some amount of consciousness, complete insensibility to pain was manifest; and, when the operation was concluded, which moreover occupied some time, the faculties were very quickly indeed restored, and the man walked to the wards without support, instead of being carried, as after chloroform. The effects of amylene were very fairly tested in this case, and were as satisfactory as could be desired. In a fourth patient—an elderly plethoric female—anæsthesia appeared to be more completely produced than in any of the others, with some slight coma, and, for a very short time, complete unconsciousness. In seventeen instances in which Dr. Snow has given the amylene, in not a single one was there any sickness or vomiting, which, we think, is a decided advantage over the chloroform, although it requires a much larger amount to be used to produce its desired effects. Dr. Snow believes a substance will yet be found that will produce anæsthesia without loss of consciousness.—*London Lancet*, Jan. 10.

*Medical Miscellany.*—A Free Dispensary has been opened in New Orleans, by the New Orleans School of Medicine. This school has held its first lecture term this season, and was quite successful. The new Dispensary will give to it additional advantages, and will no doubt be a great public benefit—it being the first institution of the kind in New Orleans.—Prof. Austin Flint, of Buffalo, is preparing a work on the "Diagnosis, Pathology and Treatment of Diseases of the Heart."—Prof. F. H. Hamilton has been elected President of the Erie Co. (N. Y.) Medical Society.—There are twelve physicians in the Massachusetts Legislature the present session—the Speaker of the House being one of the number.—Scarlatina is stated, in the *Nashville* (Tenn.) *Medical Journal*, to be remarkably mild in that city the present season.—A Naval Medical Board will be convened in New Orleans, on the 16th of March next, for the examination of candidates for admission to the Medical Corps of the U. S. Army.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. LVI.

THURSDAY, MARCH 5, 1857.

No. 5.

---

## TREATMENT OF CLUB FEET.

[Communicated for the Boston and Medical Surgical Journal.]

MESSRS. EDITORS,—An old friend and fellow student having asked me to give, in some medical journal, my views and mode of treating club feet, I have written the following hasty sketch.

Respectfully yours,

J. B. BROWN.

*Boston, February, 1857.*

The treatment of club feet is surgical and mechanical. The division of those tendons, fasciæ, &c., the contraction of which is the cause of this deformity, and keeps the foot in its abnormal position, is in general a prerequisite step. This, however, is but a small part of the process of cure. The subsequent treatment is considered, by all who have paid much attention to the subject, as much the most difficult and tedious part to accomplish; and on an average, it requires between two and three months' daily attention and manipulation, to effect a complete restoration of the foot. Occasionally feet are cured in a less time, but generally they require ten or twelve weeks, and it is important that the mother or nurse who has the care of the child during treatment, should be faithful to the trust. Any neglect or deviation, such as suffering the apparatus to get displaced, and letting it remain so for twenty-four hours, might change the whole face of the cure. At any rate, it would probably retard the process for a week at least.

The cure of club feet, if *properly* done, is no sinecure undertaking. It must be attended to by the surgeon personally. It cannot with safety be deputed to another, unless that other has learnt experience by minute attention to the subject. I never trusted the care of a foot, after I had operated, to a proxy, that I did not regret it; and generally had the work to do over again. I have directed my attention almost exclusively to the treatment of club

feet, and other analogous deformities, for the last eighteen years; still I find that I have acquired none too much experience to cure a bad foot, even when I take the whole care of it myself.

Too little is thought of manipulation. It is a very important part of the treatment; and much facilitates the cure, if steadily persevered in.

It is a mistaken idea, that by dividing the tendons, sending the child to a machinist to have an apparatus adapted, and then handing it over to the mother, or nurse, to be taken care of, the foot will come out perfect. It is far otherwise. I shall be slow to believe that such ever was the fact. Most of the cases of club feet brought to me *now*, have been operated upon by some one else. I have had eight cases, which were operated on by a surgeon of much reputation in a city at a distance. This gentleman deservedly stood high, as a surgeon, had most of the surgery in his vicinity, and seemed a conscientious and good man. That he should persist in operating on feet as he did, was unaccountable to me, particularly as he must have seen that in his practice they were never cured. I have had many other cases of club feet, that had been operated on by other surgeons who deservedly rank high in the profession.

My usual course when a patient, or his friends for him, apply to me to cure a club foot, is this. If he is old enough and has recently walked much on his foot, I advise him to be quiet, and let it rest. This being done, and the foot being ready, I divide all the tendons and fasciæ in fault and that keep the foot in its abnormal position, whatever that position may be. The instrument I use for the division of tendons is extremely small—made to order, according to a pattern furnished. Its shape is not very essential, but the size and cutting part are so. This last ought to be less than half an inch in length. The shank may be an inch and a quarter or half long—very small, and round. If the cutting part of the tenotome be too long, the slight sawing motion given to the instrument, in dividing the tendons, is apt to cut the skin unnecessarily, and make the orifice too large and notched.

The puncture made with the instrument I use, is always healed by the next morning. There are usually not more than two or three drops of blood, and frequently not one. This I impute very much to the smallness of the instrument used. After the tendons are divided, I place over the punctures, either pieces of court plaster, or small compresses of cotton, with a bandage around the foot and ankle, and put on the apparatus immediately after the division of the tendons. Some recommend waiting two or three days, but I have always found it best to apply it immediately. It keeps the foot steady. I do not strap it tight, and the foot is easier for being supported. If the operation be done in the morning, I make it a rule to visit the patient towards night, and see



that all is right. The next day I also visit him for the same purpose; and the third day I remove the apparatus, wash the foot either in water or bay rum, and then replace it. The bay rum will be found very good to keep the skin healthy. Unless great care is taken, the pressure will cause irritation of the skin; and if continued, a blood-blister usually follows. This leaves a slight excoriation, which is indolent, gives no pain, and is soon healed by washing it in bay rum. These little blood-blisters, which are frequently followed by slight excoriation, are usually caused by some wrinkle in the bandage, or stocking, or some inequality of pressure, which it is important to guard against. When it does occur, I always change the apparatus, and put on one that will have a different bearing, and relieve the part affected.

In treating club feet, I have for some years made it my first object to bring the foot out on a line with the leg, and turn in the ankle. This being done, and the foot remaining in its new position, without artificial aid, I then attempt to bring it up towards the leg, and to bring down the heel, *i. e.*, to give flexion and extension to the ankle-joint, which is all-important in perfecting the cure, as no one can walk well without it. This point has not been sufficiently attended to by those who have treated club feet. "It is a *sine qua non*." We all make an acute angle between the foot and leg, every step we take, and more particularly in going up hill or up stairs. If the foot is brought only to a right angle with the leg, and not to an acute angle, although it may *appear to be cured*, in walking, it will inevitably turn in, as that is the only way a pedestrian has, when the foot is so situated, to propel himself forward (straight walkers propel themselves forward by the ball of the foot). Of course, the foot will revert back to its original malposition, and the cure be thwarted.

For the purpose of saving time, I formerly attempted all the indications in the cure of club feet at once; but I found that my combined efforts counteracted each other, and for several years past my first object has been to turn the foot out on a line with the leg. This implies, of course, that the ankle is turned in at the same time.

These different indications are effected by different kinds of apparatus. The first, that of turning the foot out, is done by an apparatus almost straight, extending from above the knee, on the outside of the leg, to the extremity of the foot. This takes a bearing on the external malleolus, as its fulcrum, and has a branch at right angles, which compresses the heel in such a manner as to keep it steady. The foot is strapped to that part of the apparatus, which runs parallel to it, and this is moved by a ratchet turned by a key, so that it may be graduated at will. This indication being effected, we attempt the second, that of turning up the foot towards the leg, and bringing down the heel—that is,

to give free motion to the ankle-joint. This is done by a very different apparatus from the first. It has three ratchets turned by keys, so that the foot can be placed in any direction, and different parts of it in opposite directions at the same time, as may be desired. This apparatus is based on one originally brought from Paris. It has been so changed and improved that its identity can hardly be recognized. Dr. Buckminster Brown took one of these instruments to Europe some years ago. Dr. Little, of London, who established the Royal Orthopædic Hospital, told him he had nothing so good. He showed it also to Dr. J. Guérin, at Paris, who told him the same thing. Dr. Little has since sent to me for a model of it. We have Scarpa's shoe—Scarpa's shoe improved by Little, and Scarpa's shoe modified by Adams. We use all these occasionally. It gives great relief to the foot to change the apparatus now and then. My usual practice is to see my patients daily—to take off the apparatus every other day, and wash and manipulate the foot. The apparatus with three ratchets I find very convenient in giving motion to the ankle-joint, as by turning the key, back and forth, motion is produced without removing the instrument from the foot, and may be repeated many times a day.

A great variety of apparatus is essential in the treatment of club foot in its various forms—such as varus, valgus, equinus and calcaneus; or a combination of these—equino-varus, equino-valgus, calcaneo-varus, calcaneo-valgus, &c. These deformities run into each other; and it is sometimes difficult to tell which is the most prominent feature of the deviation. Then, again, paralysis of some of the muscles adds to the difficulty of treatment, and requires more complicated apparatus.

The paralytic deformities very generally arise from infantile paralysis, which is connected with the irritation of dentition. Although the paralyzed muscles not infrequently recover their tone and strength, still their antagonists, in the mean time, become contracted and shortened, and the foot is drawn to one side. In such cases I have found it best to divide the shortened muscles, and to place the foot in its normal position and keep it so for a few weeks, more or less, according to circumstances. When the foot can be easily maintained in its new or natural position, I have usually placed it in a boot, which is laced round the ankle, with a spring on the outside of the leg, running up to and strapped around the calf, having a pad gently bearing on the external malleolus, so as to keep it in place; with a joint corresponding to the ankle-joint, and a check placed on it in such a way as to permit it to flex, but not extend beyond a right angle with the leg; in other words, so as to permit the foot to form that acute angle with the leg, which we all make in walking, but not permitting it to fall below a right angle with the leg when it is raised to make a step. In paralysis of the flexor muscles, the anterior part of the foot is

apt to fall and drag, which produces much inconvenience in walking.

Some place springs on both sides of the leg; but so far as my experience goes, the foot can be kept in place better, by one spring, than two. Where there is but one spring, and that on the outside of the leg, the inclination of the part may be regulated by bending the spring in or out, just above the external malleolus—whereas, if there is a spring on both sides, this cannot very easily be done. The two must be separated and bent each by itself. I call them springs. They are made of iron slightly tempered, so that they can be bent by a strong hand, and yet stiff enough to maintain their positions when bent, and at the same time sustain the foot and leg in their relative situation. In connection with this partial paralysis of the foot, it is not uncommon for the rectus femoris to be paralyzed, so that the patient is unable to extend the lower leg. In this case I carry the spring above the knee, having no joint in it corresponding to the knee-joint, with two straps around the thigh, and two straps around the leg, one of them immediately below the knee. The knee-joint is thus made a fixture, and the patient walks while the boot is on, as though he had a stiff knee. Sometimes I have made a joint in the spring corresponding to the knee-joint, and adapted one of Stone's patent checks to it, such as he makes use of in constructing his wooden legs. This prevents the knee-joint from bending, as the weight of the body is brought upon it, in walking, yet permits it to bend in sitting, and answers very well. In this way a person who is unable to extend the lower leg, and has the muscles of the foot more or less paralyzed, is enabled to walk comparatively well, and the leg, although imperfect, is much better than an artificial one.

My first operation on club feet was February 21st, 1839. The subject was a little girl, three years old. This was the first case published as having been operated on in the New England States. It was reported in the Boston Medical and Surgical Journal. Very little was known here, at that time, of the cure of deformities by the subcutaneous division of tendons. Dr. Detmold, of New York, had operated for the cure of club foot prior to the above date; and so had Dr. Mütter, of Philadelphia. I was not acquainted with these facts, however, when I did my first operation. Dr. Little had done the operation in London about fifteen months before. Of this fact, also, I was not aware. I knew it had been done in Paris, and by Stromeyer, of Germany. I had received from Bouvier, of Paris, a very minute description of the operation, for the restoration of club feet, by the subcutaneous division of tendons. I thought it very rational and practicable, and resolved to do it. In less than a week an opportunity presented itself, and I operated at the time above stated. Since that



time, my attention has been principally devoted to the treatment of club feet and other analogous complaints.

It has always been my opinion, that the more the profession was divided and subdivided, and the more individuals devoted their attention to particular branches of it, the greater would be the progress, and the nearer approach to perfection would be made in our knowledge and practice of each branch.

I have above, although very imperfectly, given some of my views on the management of club feet. If they prove to be of use to those of less experience than myself, my object will have been accomplished. They may be thought by some too minute, but the treatment of club feet consists in minutiae. I may be thought egotistical, but it is difficult to relate one's own experience without having that appearance.

#### CASE OF HERNIA STRANGULATED BY THE NECK OF THE SAC.

BY THOMAS H. GAGE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MR. O. F., of Boylston, æt. 52 years; a farmer, and a healthy, vigorous man, had been troubled with an oblique inguinal hernia of the left side for more than thirty years, for which he had worn a truss. The external ring was large and open, and his truss poorly adjusted, so that upon unusual exertion the hernial tumor had often given inconvenience by escaping. He had, however, generally found no difficulty in replacing it himself, only on a few occasions having required the aid of a surgeon. At this time, June 17th, 1854, it was suddenly extruded by laughter at the dinner table. He attempted reduction, as usual, but failing, sent for Dr. Andrews, who had been in attendance some four or five hours when I first saw the case. The patient had then no febrile excitement; his pulse was somewhat accelerated, and the surface of the body was bathed in warm perspiration, attributable, mainly, to anxiety and apprehension. The hernial tumor, which was about the size of a turkey's egg, occupied the usual position of oblique inguinal, descending deeply into the scrotum. It was dull when percussed, and manipulation was unattended with intestinal sounds. The general feeling was that of an irregular, lobulated, non-elastic mass. There was no more local tenderness than might naturally result from the prolonged attempts at taxis; no tenderness of abdomen; and *no local pain*, or suffering, except a sensation of "heavy, dragging weight" at the loins.

Under full influence of sulphuric ether, taxis was renewed, and as the effect upon the tumor was somewhat peculiar, and important in its reference to diagnosis, I will describe it in full. It was

evident that a considerable portion, almost the whole, could be *forced back* through the external ring, and this was several times effected, yet as soon as pressure was removed, it re-appeared, suddenly, with something like a spring, so that it was plain that the impediment existed beyond that point, and I supposed it to be at the internal ring, concluding that when the hernia seemed to be returned it was really pushed into the inguinal canal. Yet there was a kind of resilience about the sudden appearance which I could not understand, and which was explained to me by the operation only. This was found necessary, and performed about eight hours after the accident, Drs. Kendall, Andrews and Sawyer assisting. The contents of the sac having been fully exposed by the usual operation, they proved, as had been anticipated, chiefly omental, only a knuckle of ileum as large, perhaps, as an English walnut, occupying the upper and posterior part. Except great venous congestion, the whole mass was healthy. I enlarged the external ring, to facilitate the introduction of the finger, by an incision vertically upward for two or three lines, and then felt for the internal, which proved to be large and free, not constricting the mass at all; but passing my finger still upward and backward, and towards the spine of the ilium, for a distance of at least two inches, a constriction was found at the neck of the peritoneal sac, and so firmly embracing the neck of the hernia that it was with great difficulty the knife, even, could be passed through it, before bringing its edge to bear upon the stricture. The division of this (which was made in a direction upward and outward, towards the crest of the ilium) was followed by a copious discharge of colorless serum, and the contents of the sac were easily returned into the abdominal cavity.

Violent vomiting was caused by the ether, but there was no recurrence of the tumor. I brought the edges of integument carefully together, securing them by sutures and adhesive straps, and overlaying these by lint and cold water compresses. The whole was made firm by a figure-of-eight bandage. Union of nearly the whole wound took place by first intention. There was no subsequent peritoneal irritation, and very little fever of any kind. At the end of three days the patient had Rochelle salts sufficient to gently move his bowels, and for a few days subsequently he had two or three loose stools every day, but no troublesome diarrhœa. At the end of a month he could do some light work, but was then, and has since remained very dependent upon his truss, the tumor escaping quite as easily as before the accident.

This form of strangulated hernia, being the only one in which that serious accident, reduction "*en masse*," is liable to occur, is possessed of great practical interest to the surgeon, and is worthy of very careful study. In the case now reported, had the tumor been smaller, or even had the attempts at reduction been longer

persisted in, I believe that dangerous symptoms might have taken place.

The immediate cause of strangulation in the mouth of the sac is sufficiently obvious. Subjected to frequent distension and stretching as it is, especially in old cases like this, where escape has been a common occurrence, and pressed upon constantly by an irritating truss, the serous and sub-serous areolar tissues at the point of exit through the internal ring, where they have the least freedom for expansion, become thickened and indurated, entirely losing their elasticity; so that if the amount of escaping abdominal contents be unusually large, or the ordinary hernia become accidentally congested and swollen, strangulation is inevitable. Then of course, when taxis is attempted, if there be no impediment in either natural opening, and none in the canal, the whole force used must be exerted upon the peritoneal attachments around the neck of the sac, and tend directly to separate that membrane from the inner surface of the abdominal walls, thus forcing an artificial lodgment for the sac and its contents between the peritoneum and fascia transversalis. I suppose that in this case it was the elastic yielding of this thickened peritoneum around the orifice of the true sac which permitted a partial and deceptive reduction, and which also caused the *springing* re-appearance when pressure was removed.

A careful study and discrimination of the *nature of the resistance*, when the reduction of hernia is difficult by taxis, is a sufficiently obvious lesson to be derived from this and similar cases. I am inclined to call attention to a single other circumstance in connection with the case. There was *no local pain*, notwithstanding the severe constriction. In a fortnight after Mr. F.'s case came under my notice, I was called into a neighboring town to see a gentleman whom I found very near his death, as was, and had been supposed, from a severe attack of "bilious colic." A strangulated femoral hernia, as large as a walnut, was found in the right groin. *No local symptoms* of any description had called the attention of physician or friends to that vicinity, and the patient died before any surgical remedies could be attempted.

*Worcester, February, 1857.*

#### PERITONITIS FROM PERFORATING ULCER.

BY W. B. CASEY, M.D., MIDDLETOWN, CT.

[Communicated for the Boston Medical and Surgical Journal.]

On Friday, January 30th, at 4, P.M., I was requested to meet Dr. Charles Woodward, a highly respectable physician of this place, in consultation upon the following case.

E. A. R., æt. 33, tall and of rather spare habit, dark hair and eyes,



unmarried, belonging to a family of decidedly strumous diathesis, regular and temperate in every respect, had been "ailing" for about a fortnight, and had consulted Dr. W., some twelve or fourteen days before, on account of some "dyspeptic" difficulties. He then went to New York on business, and on his return, a few days after, complained of having taken cold, and again requested Dr. W.'s advice. The doctor prescribed appropriately for the symptoms, and the patient appeared to be improving, until Wednesday, 28th, when having eaten heartily, he was attacked in the evening by rather a sharp diarrhœa; this yielded readily to simple treatment, but towards morning, Thursday, 29th, he was seized with severe pain in the bowels, but did not send for Dr. W., who, however, visited him soon after breakfast. Thursday night, he was restless and feverish, but yet went down stairs to breakfast on Friday morning, and remained below in spite of the doctor's advice, until about 3 o'clock in the afternoon, when feeling more unwell, and having a violent but short accession of pain, he again sent for the doctor, and was now persuaded to undress and go to bed. Dr. W. soon saw him, and not liking the aspect of the case, desired a consultation. I may as well state here, that Dr. W. had frequently examined the bowels through the patient's clothing, and had never been able to elicit much, if any, complaint of pain from pressure.

At 4 o'clock, P.M., I found Mr. R. in bed, with a soft, small and frequent pulse, 140 per minute, which an hour later had fallen to 135; tongue slightly red and dry at the tip, and somewhat furred; countenance anxious; voice weak; extremities inclined to coolness; urine scanty and high colored—almost red. The abdomen was moderately puffed up below the umbilicus, and at the right side, over the caput coli, there was some rigidity and an obscurely-defined swelling; *very little pain or soreness upon pressure*. It at once struck me that serious mischief had taken place, but as the patient was somewhat excited by the fact of the consultation, and considerably fatigued by the exertion of ascending a long stairway and undressing, both Dr. W. and myself, in spite of our fears, tried to put a more favorable construction upon the symptoms; and in the hope that there might be merely some intestinal obstruction (notwithstanding the previous diarrhœa), with perhaps some inflammation of the mucous coat, we prescribed enemata of oil and turpentine, applied a blister to the abdomen, and ordered morphine with brandy to be given once an hour. Another consultation at 9, P.M., was agreed upon; and by that time the nature of the case had become perfectly clear and unmistakable. The pulse had run up to 160, the extremities were cool, the forehead bathed in sweat, respiration beginning to be hurried, great restlessness, and increased anxiety of countenance. The abdomen was somewhat more swollen and tympanitic, but not

above the umbilicus. Dr. W. and myself agreed in the opinion, notwithstanding the obscurity of the previous symptoms, that it was a case of perforating ulcer, and so expressed ourselves to the family, announcing to them, at the same time, the fact that death was speedily approaching. The patient, also, was informed of the utter hopelessness of his case, and he thereupon calmly prepared himself to meet the final struggle. His senses remained clear and unimpaired until a few minutes before his death, which occurred about half past three, on Saturday morning, 31st.

*Autopsy*, twelve hours after death.—Present, Drs. Woodward, Barratt, Burke, Dummer and Casey. Cadaveric rigidity not marked—emaciation not very great—tympanites, or puffing, moderate.

The abdomen being opened, the intestines presented a very bright red color, and were extensively agglutinated, on the right side, by recently-effused lymph; considerable reddish-colored serum in the cavity; omentum thin, and pushed over to the left side. On tracing the small intestine to its junction with the large, a perforation, large enough to admit an ordinary lead-pencil, or pen-handle, was discovered about two inches from the ileo-cæcal valve; in the appendix vermiformis there was a lump of hard, dark-colored faecal matter, about the size and shape of a small bush bean. On removing a portion of the intestine, extending some inches above and below the perforation, splitting it open and washing it, it was found that an ulcer had worked its way through the intestine; the margin of the perforation was smooth, dark-colored, and glandular; and in its immediate vicinity were some ten or a dozen patches, composed evidently of tuberculous matter, from the size of a small pea to that of a half dime, in various stages of softening and excavation.

The object of the autopsy, viz., the verification of the diagnosis, having been attained, and darkness coming on rapidly, it was not thought advisable to extend the examination. The stomach, liver and other parts in sight, judging merely from their external appearance, were healthy.

There are some points in the history of this case which appear to me worthy of notice—viz., the almost entire absence of pain upon pressure; and the very slight or circumscribed swelling of the bowels after the occurrence of the perforation, which must have taken place just about twelve hours before death. I should also state another fact which I have omitted—the entire absence of nausea and vomiting. Louis, Chomel and other pathologists have laid great stress upon the sudden supervention of abdominal pain, the exasperation of that pain by pressure, the occurrence of nausea and vomiting, and of extensive tympanitic swelling, as diagnostics in the lesion under notice. But in the case here related, the pain which followed the occurrence of perforation, though severe, lasted but a few minutes, and was not exasperated by pressure. There

was no vomiting and scarcely any nausea, merely a little eructation of "wind" or gas; and the swelling of the belly was very slight, not extending at all above the navel—the rapid fatality of the case, however, may account for this last fact.

The patient had been able to attend to his business, and take several journeys, until within a few days of his death, and though "ailing" for some weeks, his symptoms were too slight and indefinite to excite any alarm, or suspicion even, on his own part or on that of his friends. That the disease was entirely tuberculous, or scrofulous, there can be no doubt at all.

NOTE.—The Secretary of the "Boston Society for Medical Improvement" will remember a somewhat similar case, where death resulted from a perforating ulcer in a phthisical patient, whom we both saw in London in 1850.

---

#### FATAL EFFECTS OF NEW ENGLAND RUM, IN AN INFANT.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Thinking the following case may be of sufficient interest to be inserted in your Journal, I place it at your disposal.

J. SEAVERN.

*Jamaica Plain, February, 1857.*

I had been attending a Mrs. McA. with an attack like colic. On the 22d inst. called at 5, P.M., and found her relieved. Her husband was lying on the bed, apparently stupid from the effects of liquor, but she excused him, saying that he was worn out by taking care of her. Next morning, on calling, I found her sitting up in bed and holding in her arms a child two years old, who seemed asleep. She declared herself better, but that the child required my attentions.

On inquiry, she reported that she had by the side of her bed a tumbler containing rum, sugar and water (put there "to wet her hands with when she was faint on getting up"); that the child, being unwell, feverish and thirsty, about day-break cried for it; that she could not rouse her husband to get it water, as he slept so heavily, and that finally, to quiet it, she gave it the tumbler, thinking it would not like the taste, but to her surprise it drank the whole, and soon fell asleep. In a few hours after, being somewhat alarmed, she gave it some melted butter to make it vomit, which it did a little and roused up also, but had since been as I saw it.

She said that the tumbler (rather a small one) was about two thirds full of the mixture, and that in it was only about two spoonfuls of rum, "such as you bathe in,"—the spoon indicated being one between a dessert and table spoon, which would hold perhaps three drachms: furthermore, that the child had frequently drank a little spirit; and that last summer, when ill, it took, by the advice of a physician, a half-pint bottle of porter daily for several months,



and improved greatly. These statements were confirmed by her sister and husband.

The child was now pallid, quite relaxed, except that its jaws were closed firmly, surface cool; abdomen full, hard, not tympanitic; pulse about 130, faint at wrist, but seen beating regularly at the corner of the mouth. Respiration 50, with a good deal of mucous rattle in the throat, but no movement of the nostrils to indicate dyspnoea. Auscultation impossible on account of noise in throat.

I gave mustard and warm water, hoping to induce vomiting; also a large enema of soap suds and castor oil, which was retained. The child at first swallowed very slowly and passively, but presently showed more color, and resisted by moving its head and spitting. It was then rubbed smartly, shaken, and afterwards slapped with the hand for some time on the nates and the soles of the feet.

In from half to three quarters of an hour its lips appeared natural, and there was some color in the cheeks; it opened its eyes drowsily, and cried after each slap—breathing, too, with less noise. At the end of this time, having another patient waiting, and having but little doubt of its recovery (considering the quantity taken), I left, though neither emesis nor catharsis had taken place, with directions to repeat the mustard and the injection every half hour till some effect was produced, to keep the child in motion, and more particularly to send for me again if it was not better at noon.

Being elsewhere engaged, I did not call during the day, supposing, as I was not sent for, that the child must be better. At eight next morning, called, and found the child had died about two hours before, having continued “in the same fit all the time.” To my expostulations at not having been summoned, they merely replied, with the greatest resignation, that it would have been of no use; that nothing could have saved it; that it was all their own fault, &c. &c. *Post-mortem* examination out of the question.

The case is involved in much doubt, from the character of the witnesses; but if their statements be believed, it would indicate death in about twenty-four hours from less than an ounce of New England Rum. Is this possible?

#### CASE OF CROUP, WITH EXPULSION OF FALSE MEMBRANE.

[Communicated for the Boston Medical and Surgical Journal.]

OSCAR B., æt. 5 years, was seized with croup in March, 1852. For several days, no medicine was used; the family attempted to cure by the application of cold water externally. It was applied in various ways, often and vigorously, until a very high degree of in-

flammation was produced. Their attempts were even then continued, but at length were relinquished with terror, and I was hastily called. The skin was found pale, damp and cold, and the hair wet, the effects of the last cold bath; the pulse oppressed; the blood driven from the surface, and the extremities shrunk; the breathing extremely difficult, loud and shrill; the cough still more shrill, and frequent. It had been shrill more than two days. The attending fever, however, having nothing of a typhoid character, he was able to endure the medicines needful for recovery; and they were supplied abundantly.

To banish the chill, warm blankets and hot bricks were applied immediately, and six drops of the tincture of camphor were given, and at the same time two grains of tartar emetic, which in ten minutes caused brisk vomiting with some relief. Fifteen drops of the tincture of opium were then given, and repeated every twelve hours for several days, together with the same quantity of the tincture of digitalis. Tartar emetic was given continually, in quantities sufficient to cause nausea the greater part of the time, and vomiting frequently. Immediately after the first vomiting, a blister was applied to the sternum, and five grains of calomel and as many of scammony were given. Active purging followed in six hours. Eighteen hours after that, a false membrane was thrown up. It was tubular in form, of sufficient length to extend from the glottis to the bifurcation of the trachea; the walls of the tube one sixteenth of an inch thick, and marked with rings corresponding with the rings of the trachea. The cough and difficulty of breathing were but slightly relieved. Twenty-four hours, afterwards, another false membrane was thrown up, which had formed in the trachea after the separation of the former. It was about half its length, the walls of the tube of less thickness, softer and more easily torn, and the rings less distinct. For six hours relief was but slight, and the cough continued shrill; the inflammation then began to abate rapidly. As it abated, the quantity of medicine was gradually diminished; and, soon, none was given except squills for a few days. The cough soon ceased entirely, his usual strength quickly returned, and no disease of the air passages appeared again for three years.

Debility was at no time excessive; but as he felt more and more of the effects of the digitalis and tartar emetic, his strength apparently increased on account of the relief given. The tubes both showed marks of having been ruptured at each end before they were expelled. The walls of the ruptured ends were as thick as any other part. Hence it is evident that more of the false membrane remained; that some or the whole of the larger bronchi were lined with it, is not improbable. As no fragments were detected in the sputa, it may be presumed that the membrane not expelled was changed into the form of mucus. Had the whole been

thus changed, and expectorated, recovery might perhaps have been not much more difficult.

CHARLES M. WEEKS, M.D.

*Boston, February, 1857.*

### Bibliographical Notices.

*Lectures on the Principles and Methods of Medical Observation and Research.* By THOS. LAYCOCK, M.D., &c. Philadelphia: Blanchard & Lea. 1857.

In his prefatory note, Dr. Laycock says his reason for publishing this book was the felt want of some elementary work on the inductive philosophy which he could recommend to his class for their instruction and guidance in clinical observation and research. Manuals and elementary works in the various branches of the science were not wanting; "but he found none which instruct the medical student in a simple and easy form how to use his reason; none which teach him the applications to practical medicine of those aids to the intellectual powers, which modern inductive philosophy uses so commonly and so efficiently." He proposes to set forth the various fallacies to which the student is exposed, and show him how to avoid them; also a brief enumeration of the merits of the two principal methods of observation as applied to medicine, viz., the *numerical* and the *analogical*; methods of investigation in their special applications to practical medicine, and the problems of life and organization; methods, of which the student might search in vain to find any short and practical exposition.

These are the reasons and objects for which this book was written; and all who have any acquaintance with the writings of Dr. Laycock, need not be assured that he has amply and ably performed the task.

A review of the book cannot now be attempted; and our desire is simply to commend it to *all*—not merely the class for which it was designed; since there are many *senior* practitioners in full and (pecuniarily) *successful* practice who would be very much benefited by a close study of its precepts and principles. It is too true that many physicians, in "good practice and standing," are but empirics in their practice—routinists (if we may coin a word), practising their noble art with only traditional skill, and, perchance, as often striking the patient as the disease. One great and primary cause of this is the lack of a thorough preliminary education, the lack of disciplined powers of observation and research; so that they grope blindly where they should and might walk uprightly and securely, had they been trained to use their faculties properly. And how many of those young men (and women), who will this season receive their diplomas, are capable of reasoning acutely and justly upon the many perplexing subjects soon to occupy their attention? And how large a proportion, instead of seeking to correct this fault, will fall into those miserable routine habits of prescribing and thinking, that have done so much harm to the science. If we might venture upon a hint to those learned professors who have been diligently teaching their own dogmas, we should say, they ought to remember that their true province is



rather to enable students to judge for themselves, than to impose upon them the yoke of theories, certain to hamper and injure the young practitioner; to this end they should teach the *principles* of medicine, rather than the *practice*. And it is just here that a very grave mistake, we apprehend, is made in teaching. Medicine is so eminently a science of observation, is so based upon the objective facts which every one is to see for himself, that the first and great object of teaching should be, not to show the facts, for no "course" is long enough for this, most evidently, but to show the student how to find out their true import for himself, when he meets them in the active duties of his profession; to show him how to reason correctly upon the data that he will have offered to him in practice; to give him principles, in short, rather than facts. This is by far the most laborious task: it is not difficult to gather up a mass of facts or observations on disease, and read them; but it is the least imperative duty of the teacher.

We have briefly indicated what we believe to be the only true basis of a correct medical education, and it is for this reason that we earnestly commend the work of Dr. Laycock, as presenting a condensed and correct exposition of the principles by which he ought to be guided in his future course, by which he will solve the many difficult problems he is sure to meet, most satisfactorily to himself. \*

---

*Transactions of the Fifth Annual Meeting of the Kentucky State Medical Society, held in the City of Frankfort, on the 6th and 7th of February, 1856. 8vo. pp. 64.*

This pamphlet, the publication of which has been delayed until recently, contains the record of the annual meeting of the above Society, the address of the president, Dr. C. H. Spilman, a report of a Committee on the subject of the best means of improving the finances of the profession, and one by a Committee on improvements in surgery.

The subject of Dr. Spilman's address is the "Relations and reciprocal Obligations of Medicine and the State," and it is a well-written and interesting discourse. He enlarges upon the importance of sanitary measures for the prevention of disease, and urges the necessity of taking immediate measures for the attainment of an object of such importance to the welfare of Kentucky, by the establishment of a *health police*, who shall exercise a sanitary supervision over the State, and point out the best means for improving its condition. In speaking of the services of physicians to the community, he estimates that each member of the profession in Kentucky contributes the value of \$300 annually, in gratuitous aid to the sick, and he ascribes this fact to "the liberalizing influence the practice [of medicine] exerts upon the mind, from an intimate acquaintance and constant familiarity with objects of pity and distress, which keeps ever alive in the bosom a glowing sympathy, and an enthusiastic desire to afford relief." Dr. Spilman concludes by exhorting the physicians of Kentucky to join the Society, and, by strengthening its organization, to render it more useful to the community and beneficial to themselves.

The Committee on the best means of expediting the collection of *medical fees*, &c., propose that a State law be passed, recognizing, as to the payment of physician's bills, the voluntary, or non-compulsory principle. We do not see the necessity for such a law. If the statutes already in existence are not sufficient to enable the practitioner to

collect his bills, it seems at least useless to frame others prohibiting him from collecting them. The Committee, however, think that such a measure would conduce to the benefit of the profession, by discouraging empirical practitioners, by tending to create a cash system of payment, and uniformity in charges, and by silencing complaints of exorbitant charges.

The report of the Committee on Improvements in Surgery, consists entirely in the relation of an interesting case of *murder*, and the discussion of certain questions in legal medicine arising from it. Why the Committee should report upon a subject wholly foreign to that assigned to them, is not explained.

In conclusion, we would state that the pamphlet affords evidence of zeal, and a desire for the advancement of medical science on the part of the members of the Society. We hope that their numbers may rapidly increase, and that other papers which are in their archives may also be published:

---

*Medical Notes and Reflections.* By Sir HENRY HOLLAND, Bart. F.R.S., Physician in Ordinary to the Queen, &c. From the Third and Enlarged London Edition. 8vo. pp. 500. Philadelphia: Blanchard & Lea. 1857.

Few medical writers have exercised a more favorable influence on the condition of our profession than Dr. Holland, whose "*Medical Notes and Reflections*," first published in London, nearly eighteen years ago, are now presented to the American reader in a new edition, edited by the author. It is hardly necessary to notice at length a work already so extensively known and appreciated. We believe we speak the sentiments of all who have read it, when we say that it is one of the most philosophical works in the literature of medicine. As the title indicates, the book is not a treatise on any one subject, but consists of a collection of essays, the more valuable because they chiefly relate to topics which are hardly treated of in systematic works. The range of subjects is very extensive: we can only refer to the titles of a few chapters which are especially remarkable for the soundness of reasoning and originality of thought which they display. Such are the chapters on Medical Evidence, Hereditary Disease, Medical Treatment of Old Age, Method of Inquiry as to Contagion, Gout as a Constitutional Disorder, Abuse of Purgative Medicines, Bleeding in Affections of the Brain, Mercurial Medicines, and many others.

Besides the value of the work as the result of the observation and experience of a highly philosophical physician during a period of nearly forty years, we can recommend this "thoughtful and thought-exciting volume" (as it has been well called) for the delightful style in which it is written, and for the numerous interesting facts by which the author's conclusions are illustrated. It rarely falls to the lot of a physician in extensive practice to have such opportunities for foreign travel as have occurred to Dr. Holland: and some of the most interesting parts of the book relate to his observations made in distant lands. The work will enlarge the mind of the medical practitioner, suggest valuable hints for the observation and treatment of disease, and entertain, while it instructs the reader.

For sale in Boston by Sanborn, Carter, Bazin & Co.

---

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

---

 ~~~~~  
 BOSTON, MARCH 5, 1857.
 

---

## POVERTY vs. MEDICAL TREATMENT.

WERE any arguments needed in favor of free hospitals, the profession could furnish them *ad libitum*. Every physician daily meets with overwhelming evidence of the sacrifice of life amongst the poor, for want of the commonest means wherewith to encounter illness. Are we told that municipal and private benevolence dispense largely to the poor? If this be so, they cannot fully supply the pressing wants of this large and increasing class. The visiting physicians under Dispensary regulations, even if they do their duty faithfully, cannot always meet promptly the requirements which crowd upon them. That much more is done by this charity than formerly, is true; it is owing, however, to extra exertion and a wish to reform the short-comings of the antiquated and rickety system that almost settled itself into a final slumber. Even now, to our knowledge, too long delay in seeing the sick poor is justly complained of. More facilities should be afforded for the officers of so important a charity; in urgent cases, or in times of epidemic illness, a visiting physician of our Dispensary should be provided with means of quicker locomotion than his own often weary feet. Many years ago we had our share in this pedestrianism; and on the average occupied four hours of the forenoon in going our rounds among dispensary patients only—it may be judged, with private business, even if very moderate as to extent, how much time remained before the dinner-hour. A better division of the districts, it is true, now obtains—but there are often periods when visits cannot be made by the physicians with that promptness which the urgency of the case demands.

While the Central Office of the Dispensary is now a safety-valve for a portion of this deleterious pressure, there are many patients capable of relief, were they treated in hospital, who now perish chiefly from the lack of good nursing. Of what possible use is it to treat a severe case of membranous croup, where a family of five persons must occupy the only room the invalid can use, and when the mother is at once cook, supervisor and nurse? This is the practice of medicine under difficulties! There are many patients, too, with less formidable disease, who need more careful watching than can be bestowed upon them in their own poor habitations. The administration of powerful remedies, or of such as must be given regularly to ensure their action, cannot be safely entrusted to the ignorant, the careless, the vicious or the poverty-stricken. It is a common thing for mothers, compelled to labor, to lock their children into their room or to give them in charge of a neighbor, who doubtless has more of her own than she can look after. Add the element of illness to this fact, and of what avail are drugs and potions, or the cautions of the physician, as he hurries from one pauper-patient to another?

During times of prevalent malignant disease—such as our scarlet fever epidemic—many must suffer and die from neglect and want of care. We are unwilling, for a moment, to believe what we have



nevertheless been told, that the sick poor have been wilfully or carelessly passed over, by any of the medical attendants to whom they are entrusted. That unusual numbers of patients, overtasking the physician's time and strength, may deprive certain individuals of the care they would otherwise receive, is doubtless sometimes—perhaps often—true. So far as we know the gentlemen connected with the visiting department of our Dispensary, we believe that skill, kindness and professional zeal may be predicated of them all.

What are the remedies for insufficient medical care of the poor, and for the impossibility that they derive benefit from treatment? Increase the salaries of the visiting physicians—in sufficient necessity, let them drive instead of walk over their rounds—GIVE US A FREE HOSPITAL!

---

#### DEATH OF MR. REDFIELD.

THE *American Journal of Science and Arts* announces the death of WILLIAM C. REDFIELD, of New York, whose discoveries in science, and especially in the department of Meteorology, have raised him to a high position among the philosophers of the day. Although immersed in the cares of active business, Mr. Redfield always found time for self-improvement and for scientific inquiry and study. He was chiefly distinguished for his investigations concerning the motions of tornadoes and hurricanes, which, he concluded, were *travelling whirlwinds*, the direction of rotation and course of travel being alike in all storms in the Northern hemisphere, while those of the Southern hemisphere were found to revolve in the opposite direction, and to pursue a reverse line of travel. These views have been generally adopted by meteorologists. Mr. Redfield's discoveries are of great practical value to navigators, showing them how to avoid the fury of a gale by which they might be overtaken.

---

#### AMERICAN DENTISTRY IN PARIS.

WE notice in the *Union Médicale*, of September 30th, an account of a most ingenious appliance made by Messrs. Fowler and Préterre, American dentists, at Paris. It consists of an artificial lower jaw adapted to a patient from whom this bone had been completely removed by M. Maisonneuve. The features of the patient were so perfectly regular that it was impossible to see that he had undergone so extensive an operation. The pronunciation was perfectly distinct, and mastication was performed with facility. The *Union* says, "Messrs. Fowler and Préterre having undertaken the execution of this apparatus without any other expectation of remuneration for their labor and expense than the satisfaction of showing how much advantage surgery may derive from the aid of skilfully-constructed artificial substitutes, it is but justice to attribute to them their share in the beautiful result which M. Maisonneuve exhibited to the Academy of Medicine."

---

#### ARSENIC-EATING.

WE are glad to see that a formal refutation is made by Mr. W. B. KESTEVEN (in the *Association Journal*), of the absurd stories concerning the alleged practice of arsenic-eating among the peasants of Styria, which the love of the marvellous has caused to be circulated extensively among popular journals, and which have even found their

way into many scientific periodicals, unaccompanied by any allusion to the inherent improbability of the facts, or to the circumstance that they were wholly unsupported by proof. Mr. Kesteven says that the evidence upon which the statements have been made is simply the loosest kind of second-hand hearsay evidence, and that the alleged effects of arsenic, taken in the manner reported, are wholly at variance with all other experience of the action of this poison. In the districts of Cornwall, where arsenic is largely prepared, no such practice as arsenic-eating has ever been known; but the destructive effect of the mineral on man, and animals and vegetables, observed in those districts, have been wholly overlooked by the searchers for marvellous stories among the arsenic works in Styria, where this deadly poison is said to restore health, vigor and beauty. It is remarkable that statements so extraordinary, and at the same time so wanting in proof, should have been admitted into scientific journals, without any question of their truth.

---

*Case of Needle Mania.*—The *Rochester* (N. Y.) *Union* publishes a case of monomania similar to one reported in this Journal (see Vol. LV., page 29). The patient, a young lady, thrust a great number of needles and pins into her flesh, which were subsequently extracted. The whole number extracted was 297 needles, 67 pins, 2 darning-needles, 5 hair pins, 5 knitting needles, 5 pieces of wire. Total, 383.

---

*Mortality of New York.*—The number of deaths in the city of New during the last week in February was 448, of which 14 were from violent causes. Of these, 54 were from consumption, 43 from infantile convulsions, 41 from scarlatina, 39 stillborn, 21 infantile marasmus, 16 dropsy in the head. The number under 1 year of age was 163; from 1 to 2, 57; from 2 to 5, 54; from 5 to 10, 17; from 10 to 15, 8; from 15 to 20, 8; from 20 to 25, 15; from 25 to 30, 18; from 30 to 40, 43; from 40 to 50, 19; from 50 to 60, 16; from 60 to 70, 13; from 70 to 80, 13; from 80 to 90, 2; 100 and upwards, 1; unknown, 1. The public institutions furnished 48 deaths.

---

*Health of the City.*—The mortality last week was quite small, and we are gratified to notice a diminution in the number of fatal cases of scarlatina, only 11 having been reported. We notice 6 deaths from "dropsy in the head." The total number of deaths during the corresponding week of last year was 79, of which 19 were from consumption, 2 from scarlatina, 9 from pneumonia, and 3 from dropsy in the head.

---

*Communications Received.*—Case of Hernia.—Improvement in Plugging the Vagina.—Case of Morbid Pregnancy.—Importance of Hæmoptysis as a sign of Pulmonary Phthisis.

*Books and Pamphlets Received.*—A Case of Complex Labor, with Remarks, &c. By Gustavus L. Simmons, M.D.—Report of the Board of Trustees of Mass. General Hospital.

---

DIED.—At Freeport, Me., 19th ult., John A. Hyde, M.D., a native of Rehoboth, Mass., 85 years, 6 months. —At Brooklyn, N. Y., 27th ult., Dr. S. Trowbridge Champney, aged 27.

---

*Deaths in Boston* for the week ending Saturday noon, February 28th, 63. Males, 32—Females, 31. Accident, 2—disease of the brain, 1—cancer, 1—consumption, 12—convulsions, 4—croup, 2—dropsy, 2—dropsy in the head, 6—drowned, 1—infantile diseases, 4—puerperal, 1—epilepsy, 1—scarlet fever, 11—influenza, 1—disease of the heart, 2—inflammation of the lungs, 2—congestion of the lungs, 1—measles, 1—ossification of the arteries, 1—scrofula, 1—suicide, 1—thrush, 1—unknown, 3—whooping cough, 1.

Under 5 years, 32—between 5 and 20 years, 7—between 20 and 40 years, 13—between 40 and 60 years, 6—above 60 years, 5. Born in the United States, 51—Ireland, 5—other places, 7.

*Glycerine in Phthisis.*—For cases of tubercular disease in its early stage, before the cough is accompanied by much expectoration, we frequently prescribe :—*R.* Glycerine, ℥ij. ; iodide of potassium, 3i. ; sulphate of morphine, grs.ij. Mix, and give one teaspoonful before each meal and at bedtime.

If the disease is farther advanced, and expectoration more copious, with rapidly-increasing emaciation, we prefer the following : *R.* Glycerine, ℥ij. ; syrup of iodide of iron, ℥ss. ; sulphate of morphine, grs.ij. Mix, and give one teaspoonful every four or six hours.

It is now two years since we commenced using the glycerine in the treatment of phthisis, generally combining it with some preparation of iodine, and just enough morphine to allay cough and promote rest ; and we have certainly derived more benefit from it than from any other one remedy.—*North-Western Med. and Surg. Journal.*

*Prurigo.*—During the past few months, three cases of prurigo formicans have been admitted into the Mercy (Chicago) Hospital. The disease affected chiefly the whole posterior part of the trunk, and the arm. It had existed several weeks before admission, and was attended, as usual, with itching so intolerable as to deprive the patients of sleep during most of the night.

These cases were treated with Fowler's solution of Arsenic, from six to ten drops three times a day, and an occasional laxative internally. At the same time the following ointment was freely applied to the surface each morning and evening : *R.* Iodide of potassium, ℥ss. ; simple cerate, ℥iv. Mix very thoroughly.

The patients were discharged apparently quite well, at times varying from one to two weeks. The relief seemed to be derived chiefly from the external application of the ointment, which certainly acted more promptly and beneficially than any other local application that had been used in other cases.—*Ibid.*

*Sudden Death of Dr. S. Trowbridge Champney, from a Dissection Wound.*—Dr. Champney died at his residence, on Court street, Brooklyn, Friday morning, says the *N. Y. Times* of Saturday, 28th ult., from poison received while making a *post-mortem* examination. On Monday last, at the request of Coroner Redding, deceased assisted in the *post-mortem* examination of the body of John Elder, who was alleged to have died of violence at the hands of garroters. While engaged at this he pricked the second finger of the left hand, and, notwithstanding every exertion to prevent a fatal result, he died, after suffering the most intense agony. Deceased was 27 years of age, and had prepared himself for the successful practice of his profession by extensive travel, and by practice in different hospitals.

A MEMORIAL, signed by 126 physicians, including the faculties of the three New York Medical Schools, is before the State Legislature of New York, praying for the establishment of a State Hospital for women in that city.—Resolutions have been passed by the Legislatures of New York and New Jersey, expressive of great respect for the exalted worth of the late Dr. Kane, and of regret for his untimely death. A large meeting of citizens has been held in Philadelphia for the same purpose.—Drs. L. A. Dugas and H. Rossignol have retired from the editorial charge of the *Southern Med. and Surg. Journal*, and will be succeeded by Drs. Henry F. Campbell and Robert Campbell.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. LVI.

THURSDAY, MARCH 12, 1857.

No. 6.

---

## CASE OF MORBID PREGNANCY AND LABOR.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—If you think the following case of morbid pregnancy and labor will usefully fill an idle page of the Journal, it is quite at your service.

Very truly yours,

*Boston, February, 1857.*

W. CHANNING.

Mrs. —, aged 44, many children, had, without noticed precursors, uterine hæmorrhage, about the first of February, 1857. She supposed herself six months pregnant. Along with liquid blood were large coagula. She is very intelligent, not timid, and can well judge of quantities. These facts in her history are stated, as a patient's account of losses of blood is often exaggerated. As hæmorrhage continued, I was asked to visit her. I found her about house, managing the affairs of a large family, looking well, pulse good, making very little complaint, but annoyed by the continuance of the hæmorrhage. The abdomen was large, but the tumor occupied the *right side* of the abdomen, the left side being full and tense from flatus, which percussion strikingly declared. The os and cervix were large, hard, and in parts tender. The outline of the os was singularly irregular, an exaggeration of the condition produced by frequent deliveries. I directed rest. I learned that the hæmorrhage was most troublesome at *night*. She was visited occasionally, and uterine pains were reported, which were attended by increased loss.

I saw Mrs. — on the evening of the 12th, and found strong uterine contractions. Hæmorrhage. Upon examination, the os uteri was found dilated, readily admitting the fore-finger. Cervix of usual length in unimpregnated state, but firm, thick, hard. Nothing was felt in it—neither membranes, placenta, nor any portion of a foetus. Motion was brisk, and at once felt by hand upon the uterus; but no motion was communicated to the finger, though so freely passed to, if not within the uterine cavity. Strong uterine contraction, and severe pain in lower part of the abdomen, the

place corresponding to that of the womb. Called towards night, and so severe were now the pains that I determined to stay the night. Ergot was given to aid rest in checking the flow. Contractions were not increased by it. They continued, however, most of the night, but gradually subsided, and I left her comfortable about 3, A.M.

Nothing happened to affect much the condition of my patient till Tuesday, the 17th, when I was called between 9 and 10, P.M., and learned that active contractions began between 3 and 4, and were now so clearly distinctive of true labor, that my attendance was thought indispensable. The most suffering was low down, reaching to the symphysis pubis. The abdomen being very pendulous, the uterine tumor hung over this spot, and a crowding pressure there made the condition of the patient almost insupportable. The os and cervix were much as before; if anything, softer, and somewhat dilatable. During a strong contraction, the membranes were felt presenting a pointed tumor or sac, rather than the usual round form which protruded membranes assume.

The case proceeded slowly. The bag got larger and larger, and bore more than ordinarily strong contractions without thinning or bursting. There was at length room enough in the intervals of effort to learn the true state of things. The bag had been crowded down between the foetal cranium and the sacral promontory and hollow, to an extent which threw the head to the anterior part of the pelvis, and left it resting upon the symphysis. At length it was clear that the womb would be exhausted by ineffectual action, and the more readily from the severe discipline to which it had been subjected for a fortnight, while previous hæmorrhage showed that the general system might at any moment begin to give way. Under these circumstances the membranes were broken, after many trials, and which were made during vehement contractions. A large quantity of water came away, and the cranium at once came into the place just before occupied by the tense membranes. It was hoped that the head would now rapidly advance. It was clear that it was very small. It was soft, the sutures being wide, thin, and easily yielding to pressure. But dilatation was very slow, and safe manual dilatation did not much hasten it. The os was perfectly dilatable, thin, soft. But just within it, or proceeding from it, was the long thick unyielding cervix. It was precisely in its usual unimpregnated state, only longer, thicker, and if possible firmer. It was determined to try the effects of an injection of tartarized antimony and warm water. It certainly did not seem a test case for the power of that agent; but no harm could come of the trial, and it might do good. It was sent for, and as progress though so slow was clearly making, I rested from my occasional examination to observe gains so gradually made. The messenger was long absent on his errand. He went to many shops before he could rouse any body. Two grains

of the tartrate were dissolved in a pint of warm water, one half of which was to be injected. An examination was first made, and so large had been the gain in the hour and half which had elapsed since the medicine was sent for, that its use was abandoned. Dilatability was such as to allow the portion of the undilated os to be carried easily above the cranium in the interval of contractions, and it was easily held in its place by the ends of the fingers resting against it. The case was shortly completed—the child, of the size of a six or six and a half months, and small at that, was soon born alive. The cord was of nearly ordinary size at the full term, and was, I had almost said of course was, around its neck. The placenta was soon naturally separated, and expelled, without attendant or subsequent hæmorrhage, and between 6 and 7, A.M., of the 18th, I left both child and mother very comfortable.

19th.—Mrs. — reports comfortable. Pulse 60. Abdominal soreness less. Excretions natural.

20th, A.M.—Yesterday less well. Last night some hæmorrhage—disturbed sleep. Oppression about præcordia.

21st.—Now comfortable. Child died about thirty hours after birth. It weighs one pound and a half, is 14 inches in length; the half of its length is one inch above the umbilicus. The skin is dark-mahogany color. It has swallowed nothing, rejecting what has been put into the mouth, and blood along with it. It has by report breathed well, and screamed loudly and often.

22d.—Mrs. — doing well. Milk has not come.

REMARKS.—1st. The uterine tumor being confined to the right of the abdomen, not changing its place by altered position—the linea alba being its vertical boundary—the feeling of the limbs of the foetus with unusual distinctness—the easy introduction of the finger into and beyond the natural length of the cervix, without detecting anything in the uterine cavity, and the unusual ill health and anomalous symptoms noted by Mrs. — through her whole pregnancy, suggested the possible existence of *extra-uterine gestation*.

2d.—The frequent hæmorrhage, freest at night, and then always accompanied by uterine contractions, suggested the possibility of *placenta prævia*. But examination did not confirm this suspicion.

3d.—The persistent pain in a particular spot in the uterine tumor, with marked soreness, and tenderness, suggested *placental adhesion* (growing to the side).

The result showed that neither of these complications existed.

It may be asked, why was not the bag of water ruptured earlier? So firm was the cervix, so slowly yielding to the pressure of the distended membranes, that it seemed to me that more would be gained by letting them alone, than what might turn out a too early rupture. It is well known that when the membranes do not give way under fair uterine force, and on this depends their *unusual*



*firmness*, artificial rupture is often followed by rapid dilatation and prompt delivery. In this case the membranes seemed very thin, and rupture was looked for every moment. The pregnancy and labor thus far had in them so much to obscure diagnosis, and there being no hæmorrhage, delay was thought to be the safest course. When sufficient time was deemed to have passed, and but slight change produced, artificial rupture was employed, and with excellent results.

DR. EDWARD BROWN-SEQUARD'S EXPERIMENTAL AND CLINICAL  
RESEARCHES APPLIED TO PHYSIOLOGY AND PATHOLOGY.

[Continued from page 46.]

§ XI. I have been led to believe, by what occurs in animals after an injury to the spinal cord, and by some cases observed in man, that the existence of a particular spot capable of producing fits, when irritated, is not rare in epileptic patients. This spot may or may not be the starting-point of an aura epileptica.

In the interesting thesis of M. Bravais (*Rech. sur les sympt. et le traitement de l'Épilep.*, Paris, 1827, p. 18), there is a case of a man who had fits when he touched himself, or was touched by other persons, on the region of the temporal bone of the right side.

Fernel, according to Esquirol (*Loco cit.*, p. 302), saw epilepsy produced each time pressure was made on the upper part of the head.

Rondelet (*Méthode curative des Maladies*, p. 137) relates the case of a man who had a fit every time his ears were exposed to cold.

In a young man in whom there was an aura epileptica starting from the left hypochondrium, a simple pressure on this region was sufficient to cause the fit (Tulpius, quoted by Portal, *loc. cit.*, p. 180).

While I was lecturing on this subject in Boston, in November last (1856), Prof. E. H. Clarke told me that he had seen a fit of epilepsy produced by pressure upon one of the mammæ.

I have found that irritation of certain parts of the skin by galvanism caused fits in two epileptics. In one of them it was the skin of the bend of the elbow, and in the other the skin of a portion of the neck and face. There was no sensation of an aura epileptica in these two cases.

Probably in many cases, without the feeling of an aura epileptica, and even without a feeling of pain arising from any part of the skin, the fits are caused by a peculiar and unfelt kind of irritation, originating from some part of the skin, or from the sensitive nerve

of a muscle. Perhaps it will be possible to detect the existence of such parts of the external tegument, or of such nerves, by various means, of which we will speak hereafter. It is certainly impossible to admit that the sensations which exist when there is an aura epileptica are always the causes of the fits, as we know that sometimes they consist only in a feeling of cold, or a kind of tickling or formication, or a slight pain. Such sensations are certainly unable to produce fits, and therefore there must be some other kind of irritation, not felt, existing together with these sensations, starting from the same point, and producing the fit. Consequently, what is essential in the aura epileptica is not what is felt, but an unknown kind of irritation. This special irritation, we repeat, may exist alone, *i. e.*, without any kind of sensation. It is the essence of an aura, without any feeling. A good illustration of this view may be found in some cases recorded by M. Pontier (see above, § IX., CASE VII.), J. Frank, and Henricus ab Heer. In the curious case we owe to M. Pontier, there was no pain arising from the feet, and nevertheless it is certain that an irritation sprang from them, as we find that the fits were prevented by the application of a ligature round the legs, and afterwards by the section of the saphena nerves. In the case mentioned by J. Frank (*Praxeos medicæ universæ precepta*, vol. i., sec. 3, p. 476), epilepsy had come after a disease of the testicle; the scrotum was much contracted during the fit, and although there was no feeling of an aura, castration was performed, and the patient cured. It is evident that in this case the fits were due to an unfelt aura arising from the testicle. In the case by Henricus ab Heer (cited by Sennert, *Opera Omnia*, vol. ii., p. 489), a young girl had no feeling of an aura epileptica, but as she rubbed her big toes one against the other during the fit, applications of butter of antimony were made upon them, and the patient was cured. It seems that in this case, also, there was, as cause of the fits, an unfelt irritation arising from the toes. It is well known that worms in the bowels may cause epileptic fits, although they sometimes do not give pain or any other sensation. The irritation producing the fits is then unfelt, as in the preceding cases.

On one side, therefore, we find that an irritation coming from the skin or a mucous membrane may produce fits, without being felt, whereas on another side, when there is the feeling of an aura epileptica, the variety of the sensations, and their feebleness, often show that it is not they which cause the fit, so that we must admit that even then it is a peculiar, unfelt irritation which produces the attack. In my animals, as I have tried to prove in § IV., it is not the pain caused by pinching the skin of a part of the face and neck which produces the fit, but a peculiar kind of irritation. Perhaps the special irritation which generates a fit gives some-

times a sensation quite special also, and which cannot be described. Many epileptics speak of a strange and inexplicable sensation. M. Delasiauve thinks he has been enabled to judge upon himself how a sympathetic fit is produced. He had a sore throat, with an engorgement of the cervical ganglions. The least pressure upon these inflamed glands caused a sudden bewilderment (*éblouissement*). The experiment, repeated twenty times, always gave the same result. M. D. says that if the pressure had been continued he would have fainted, and that there was quite a special sensation, progressing as quickly as a flash of lightning from the diseased spot to the head (*loco cit.*, p. 33-34).

In the cases of epilepsy in which there is an unfelt irritation arising from the skin, and producing the fits, is it because the irritation causes immediately a complete loss of consciousness, or because it has not the power of giving sensation, that it is not felt? I cannot answer this question positively. I can only say that it is probable that the two things exist.

If we take notice of these three sets of facts—1st, that there are cases of epilepsy in which an irritation arising from the skin, or from the neighboring parts, may cause fits without being felt; 2dly, that by pressure or galvanization we may produce in a part the kind of unfelt irritation which causes fits; 3dly, that such a part being found, epilepsy may be cured by either the application of ligatures, the section of a nerve, or cauterizations, &c.; it becomes evident that it is of the greatest importance to try to find out, in epileptics who have no aura epileptica, if there is not a part of the skin or of a muscle from which arises an unfelt irritation causing the fits. To ascertain the state of things in this respect, various means may be employed. If the fits are frequent, and if they come at regular times, it will be found, by placing tight ligatures around the limbs, whether the attacks are due to an irritation coming from these parts, or not. Among other means of detecting the existence or absence of a peripheric irritating cause of the fits, I will point out particularly the following: pressure upon the various parts of the body; the application of localized and powerful galvanic currents; the application of ice and of a wet and warm sponge, &c. If any part is the seat of a pain, even if this pain seems to have no relation with the fits, it will be necessary to ascertain whether pressure, galvanism, &c., applied upon this part, produce an attack. If it is in a limb that a pain exists, a ligature will decide the relation of the painful spot with the fits. In cases where there is a cramp in some of the muscles, or in one only, at the beginning of the fit, the inducement of a cramp by galvanism might decide if the attack is due to the irritation of the sensitive nerve of the contracted muscle, or if the cramp is nothing but a manifestation of the attack. If the initial cramp exists in



a limb, an elongation of the contracted muscle, or a ligature, might lead to the solution of the question.\*

The danger of producing a fit by the employment of some of the means that I have indicated as good to decide if there is an unfelt irritation arising from the skin, or from some muscle, and causing the fits, is not a reason to prevent our making use of these means, because the existence of a fit, particularly when we are prepared for it, is a small evil in comparison with the great benefit that may be derived from such a trial.

In my animals, nothing in the skin of the face and neck (except a slight congestion, which perhaps is the result of the pinching, and other modes of excitation that I employ) indicates that this part has such a power as that which it alone possesses, to cause fits when irritated. It results from this fact, that it would be quite wrong to decide, *a priori*, that an epileptic man, in whom the skin seems to be perfectly healthy, cannot have fits produced by an irritation of some parts of his skin. Even in such a case, therefore, it would be necessary to employ the various means I have indicated, to decide the influence of the skin on the production of the fits.

[To be continued.]

#### EDITING EUROPEAN MEDICAL WORKS BY AMERICAN PHYSICIANS.

[Communicated for the Boston and Medical Surgical Journal.]

MESSRS. EDITORS,—It is time that a protest should be entered against the wholesale denunciation of American editors of European medical works. It is due at least to the character of the men who have been instrumental in introducing to the notice of their professional brethren some of the most valuable medical treatises of foreign origin, that their motives should not be misrepresented, nor the value of their labors underrated. An indiscriminate censure of the whole class of American editors, without exception, many of them authors of highly meritorious original works, is such an act of injustice, so opposed to the catholic spirit of science and our profession, as to deserve a severe rebuke; and, especially, is this the case, when the grounds on which such condemnation is based, are found, on examination, to be wholly without foundation. To learn the character of these animadversions, take, as an example, the Report of the Chairman of the Committee on "American Medical Literature," made at the last meeting of the *American Medical Association*. In this report, "editing" is called a "trade" "pursued by young men and old men, men without reputation and men with reputation"; "it has become," says the writer, "a crying

\* No one will imitate a surgeon, cited by Portal (*loco cit.*, p. 135), who performed an amputation of one of the toes, because the movements of this toe were very violent during the fit!

evil—an evil which is directly instrumental in fostering and protecting *British* influence to the detriment of American authors." We are told, also, that "the main object of this practice generally, is, *not to enhance the value of the reprint*, but to promote its circulation by imparting to it somewhat of an American air. The book is endorsed, and it accordingly goes before the profession under a new prestige. The name of the editor is supposed to be a guarantee for its excellence; it serves the same purpose to the work that a letter of introduction serves to a traveller. It secures it notice, perhaps a cup of tea, and a permanent home. In this manner it often happens that works, destitute of real merit, or which fall stillborn from the British press, meet with a wide and rapid circulation in the United States, to the injury of deserving native authors, and the detriment of our medical literature." The patriotic writer then goes on to denounce the practice as "humiliating to our national pride, and opposed to every feeling of patriotism"; as "discreditable," and one "which should be discountenanced by all honorable means."

It has been supposed, that in the infancy of our medical literature and our national existence, when native authorship was almost impossible, the re-publication of foreign works was desirable, and indeed indispensable to the cultivation of medical science, and he was looked upon as a public benefactor who was instrumental in placing within reach of his professional brethren a foreign medical work of true merit, either with or without "notes and additions." What would have been the *status* of our profession at the present time, had physicians been compelled to confine their reading solely to the works of native authors? The fact is, that it is only until very recently that scarcely any medical works of real merit or originality, have been produced by American authors; and if physicians kept pace at all with medical science, they were obliged to consult foreign works. This must be admitted; but then "why affix our names to their title-page"? For the very reason assigned, "to endorse them and promote their circulation." The mass of the profession have no means of knowing the value of foreign medical works; our publishers are nearly in the same condition; but the name, on the title-page, of a well-known American physician, does endorse the work, and guarantees its merit—and we challenge any one to mention a foreign work, "destitute of real merit," or which "has fallen stillborn from the British press," that has met with a wide and rapid circulation in the United States.

This charge of "promoting *British* influence," comes with bad grace from a man of science, pandering, as it does, to one of the lowest feelings of our nature. Science is cosmopolitan, not provincial; it overlooks nationality, and with a true catholic spirit, knows no England, no France, no America. Was Bowditch destitute of patriotism, when he translated and "edited" La Place's

"*Mécanique Céleste*"? or Rush, just fresh from the Revolution, and signing the Declaration of American Independence, when he issued, "with notes," the works of Sydenham and Hilary? How destitute of patriotism was our Mott, when he edited, "with numerous additions," the great work of Velpeau? We suppose Prof. Draper, of New York, will be excused for editing Kane's *Chemistry*, and Dunglison for bringing out the "*Cyclopaedia of Medicine*," inasmuch as both are Englishmen, and it would be very natural for them to wish to "supplant American authors" by substituting the works of inferior British writers; but then, how came the late Prof. G. S. Pattison to edit Cruveilhier's "*Anatomy*"? a French work, to the neglect of superior works of his own countrymen? What would Humboldt, Bronson, Lyell or Agassiz say to this unpatriotic proceeding? Dr. J. W. Francis, of New York, is regarded by his fellow citizens as a philosopher and a patriot, and yet he "humiliated" himself, more than thirty years ago, by attaching his name to the title-page of an improved edition of Denman's "*Midwifery*"! Stand forth, ye professors in our medical colleges, and answer to your names, as ye are called, and tell us why ye fell into this practice, "so opposed to every feeling of patriotism and so degrading and disreputable," of editing British and other foreign books, instead of writing them yourselves, as ye might have done!

Alexander H. Stevens, Willard Parker, Gunning S. Bedford,<sup>1</sup> C. R. Gilman,<sup>2</sup> Robert Watts,<sup>3</sup> C. D. Meigs,<sup>4</sup> S. G. Morton,<sup>5</sup> J. R. Coxe,<sup>6</sup> R. H. Huston,<sup>7</sup> Joseph Pancoast,<sup>8</sup> W. H. Van Buren,<sup>9</sup> Francis G. Smith,<sup>10</sup> John B. Beck,<sup>11</sup> R. Dunglison,<sup>12</sup> Joseph Leidy,<sup>13</sup> R. E. Rogers,<sup>14</sup> Samuel Jackson,<sup>15</sup> William Procter,<sup>16</sup> Jo. Carson,<sup>17</sup> John Neil,<sup>18</sup> Paul B. Goddard,<sup>19</sup> Meredith Clymer,<sup>20</sup> Moor and Pennock,<sup>21</sup> Geo. C. Blackman,<sup>22</sup> C. A. Lee,<sup>23</sup> J. Revere,<sup>24</sup> John Torrey.<sup>25</sup> Very honorable names, truly, to be engaged in such a foul conspiracy to "injure our medical literature," and that "for 50, 100, or 200 dollars each"—(*Report*). But think not, ye who do not belong to the professorial tribe, that ye are to escape arraignment. You may have flattered yourselves that your editorial sins would never be brought to light. Please answer, then, in turn, to your names. Isaac Hays,<sup>26</sup> Ansel W. Ives,<sup>27</sup> D. M. Reese,<sup>28</sup> D. F. Condie,<sup>29</sup> R. E. Griffith,<sup>30</sup> Ed. Hartshorne,<sup>31</sup> Wm. V. Keating,<sup>32</sup> F. R. Bumstead,<sup>33</sup> F. W. Sargent,<sup>34</sup> R. Hewson,<sup>35</sup> J. C. Morris,<sup>36</sup>

(1) Chaillly's Midwifery. (2) Bischoff's Embryology. (3) Dublin Dissector. (4) Velpeau's Midwifery. (5) Macintosh's Practice. (6) Hippocrates and Galen. (7) Churchill's Midwifery. (8) Quain and Wilson. (9) Bernard's Surgery. (10) Carpenter's Physiology and Microscope. (11) Murray's Materia Medica. (12) Cyclopaedia of Medicine. (13) Sharpey's Anatomy, &c. (14) Lehmann's Physiological Chemistry. (15) Chemical Physiology. (16) Mohr's Pharmacy. (17) Pereira and Royle, Materia Medica. (18) Pirrie's Surgery. (19) Wilson's Anatomy. (20) Williams's Principles of Medicine. (21) Hope on the Heart. (22) Velpeau and Vidal. (23) Copland's Dictionary, &c. (24) Magendie's Physiology. (25) Lindley's Botany. (26) Lawrence on the Eye, Hoblyn's Dictionary. (27) Murray's Materia Medica, Paris's Pharmac. (28) Watson's Practice, &c. (29) Taylor on Poisons, &c. &c. (30) Taylor's Medical Jurisprudence. (31) Ramsbotham's Midwifery. (32) Ricord on Venereal Disease. (33) Miller's Surgery. (34) Mackenzie on the Eye. (35) Lehmann's Chemistry. (36) —————.



Robert Bridges,<sup>1</sup> John H. Brinton,<sup>2</sup> J. Stewart,<sup>3</sup> H. D. Bulkley,<sup>4</sup> T. F. Cock,<sup>5</sup> W. Darling,<sup>6</sup> C. E. Isaacs,<sup>7</sup> H. Van Arsdale,<sup>8</sup> W. W. Gerhard,<sup>9</sup> John Bell,<sup>10</sup> S. Lyttell,<sup>11</sup> R. P. Thomas,<sup>12</sup> W. O. Markham,<sup>13</sup> J. Da Costa,<sup>14</sup> J. M. Sanders,<sup>15</sup> A. Sidney Doane.<sup>16</sup>

But, hold—there is no end to the list. The court decides that there is no need of any trial. You have already been condemned. Your sentence is, to receive fifty lashes each, well laid on, stand in the pillory one hour, and expect a second castigation by the writer of the “Report on American Medical Literature,” at the next meeting of the “American Medical Association.” It is to be hoped that this will result in your reformation, and also deter others from committing the same outrage. So far as you have “mutilated and disfigured, with notes, annotations and alterations,” the works you undertook to improve, the court is of opinion that you are chiefly responsible to the original authors; “*de non apparentibus, et non existentibus eadem est ratio*”; under this well-known legal maxim, you can justly be held legally responsible; still, those of you who have only read the proof-sheets, but made no “notes or additions,” as you have lent your sanction to “the humiliating custom of affixing your names to the title-page,” you cannot complain of having to suffer the same punishment.

The author of the “Report” seems to think that the reason why American medical works are not re-published in England (with notes and additions, we suppose) is, that “English pride, English prejudice and English patriotism would shrink from such an act.” But as the works of our historians, poets, novelists and divines are very extensively re-published and read in Great Britain, it is very possible there may be some other reason. It is absurd to object to the practice as “one-sided,” until we produce better works than British practitioners. We trust that day is not far distant; but with a few exceptions, we must, as yet, admit that we are indebted to foreign authors for the greater portion of the most valuable medical literature. The demand for medical works of a high order in the United States, is very great, and increasing in a rapid ratio every year. To exclude and ostracise works, because not indigenous, would be the height of folly. The progress of medical science among us would be most seriously retarded, should the recommendations of this report be carried out—of which, however, there is not the least probability. Our native authors do not even supply the necessary text books for our medical schools, to say nothing of monographs and special treatises; and as long as foreign works are re-published here, it is better that they should

(1) Graham's Chemistry. (2) Erichson's Surgery. (3) Billard on Infants. (4) Cazenave and Schedel, Gregory on Eruptive Fevers. (5) Denman's Aphorisms, &c. (6) Bower's Memoranda. (7) Anatomical Remembrancer, &c. (8) Hassall's Microscopic Anatomy. (9) Graves's System of Medicine. (10) Stokes's Lectures. (11) Walton on the Eye. (12) Cazeau's Midwifery. (13) Skoda on Auscultation. (14) Kolliker's Microscopic Anatomy. (15) Gregory's Chemistry. (16) Maygrier's Midwifery.

appear under the superintendence of some responsible editor. "*To edit*," according to Webster, is "to publish, more *usually* to *superintend a publication*." "*Editor*—a publisher, *particularly* a person who superintends an impression of a book"—"a person who revises, corrects, and prepares a book for publication." A few American editors, perhaps, come under the first definition—they merely superintend an impression of a work. That ordinary proof-readers are not competent to this task, is evident enough from an examination of such medical publications as come out under their supervision, as the "*British and Foreign Med. Review*," every home number of which abounds in typographical errors. The name of a responsible editor, on the title-page, is a guarantee to the profession, 1st, as to the value of the work; and, 2d, as to its being correctly brought out. Our publishers are generally poor judges as to the character of foreign medical works, or the wants of the profession. If Drs. Mott, Warren, or Stevens, affix their names on the title-page of an exotic surgical work, the profession are assured, at once, that it is worth their attention; and so of experts in any other branch of medical science. Without such a guarantee, few physicians would know what is worth buying, and the amount of professional reading and study would be small compared with what it is at present.

So far, therefore, from coinciding with the author of the Report in regard to this practice of editing foreign works, we are fully in the belief that it is a useful, a necessary, and a highly laudable practice, and that those who have engaged in it have laid their professional brethren under great obligation, and contributed in an important manner to the progress of medical science in the United States.

But few works have been edited by American physicians, which have not been improved by the notes and additions made to them. In many cases their value has been, at least, doubled. In a large number of instances the additions have been made at the request, or with the consent, of the original author, and the profits, after deducting the cost of publication, have been divided between the publisher and the foreign author. This was the case, we are told, in regard to Draper's Kane's Chemistry, Lee's Pereira "*On Food*," and other works that might be named. In the absence of an international copyright law, there is no just ground of complaint at the re-publication of European works here, for the same liberty is taken with American works abroad; and although such a law might benefit our native authors, it would prove greatly detrimental to the progress of medical science in this country, by much enhancing the cost of foreign works, and thus limiting their circulation. If our indigenous writers suffer from the absence of such a law, they should be willing to sacrifice individual profit to the good of the profession generally, and the advancement of

medical science. We acknowledge we do not belong to that sanguine class, who believe that our own writers can furnish as much intellectual pabulum of the highest order, for the reading medical public, as the whole world besides, or that we are yet ready to ostracise even British works merely because they are British. Whatever views we may hold in regard to free trade in general, we hold that the time is not yet come for the adoption of restrictive measures, in regard to works of science, much less laying a strict embargo on foreign literary and medical productions.

Nor is there any truth in the allegation that American physicians prefer foreign works to those of home origin, merely because they are foreign. Indeed, the very reverse holds true. Every native production, of real merit, has had extensive patronage and a wide sale. It will suffice to name Rush, Eberle, Dunglison, Meigs, Condie, Wood and Bache, Dewees, Horner, Godman, the Becks, Warren, Gibson, Drake, Dickson, Bard, Miller, Gross, Bell, Leidy, Torrey, Gray, Forry, Dorsey, Wistar, Stewart, Swett, Flint, J. M. Smith, and many others. The works of these writers are as familiar words to the medical profession of the United States; and every work, deserving applause, is at once received with acclamation and pride by the practitioners of our country. It is an impeachment of the patriotism and common sense of physicians, to charge them with preferring foreign to native writers. The charge has not a shadow of proof to rest upon.

In conclusion, we remark, that while we have no sympathy for that class of editors, who merely affix their names to the title-page of a foreign work, without superintending its publication, or adding anything to enhance its value to the American practitioner (a practice "more honored in the breach than the observance"), we feel under special obligation to those who have given their time and labor to increase the value of foreign medical works.

X. Y. Z.

---

*The Preparation of Collodion for Surgical Purposes.*—For this purpose Hofmann introduces 1 part of cotton wool into a mixture consisting of 20 parts of the strongest nitric acid, and 30 parts of sulphuric acid, for a quarter of an hour. The operation should be conducted in a glass vessel with a cover, and the cotton stirred frequently by means of a glass rod. The cotton is then well washed, to remove the last trace of acid, and pressed strongly in a linen cloth, and before being dried it should be pulled, to separate the knotty portions. The cotton should now be dried in a sieve over a stove. Six parts of the cotton thus prepared are dissolved in a mixture of 120 parts of ether and 8 parts of rectified spirits of wine, to which 3 parts of castor oil are finally added. Hofman states that this collodion does not crack or contract like that prepared in the usual manner.—*London Lancet.*



## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

L. PARKS, JR., M.D., SECRETARY.

THE Society met on Saturday evening, Dec. 27th, 1856; the President, Dr. CHANNING, in the Chair.

*Anomalous Case.*—Dr. BOWDITCH stated that the somewhat anomalous and doubtful case reported by him at the preceding meeting, as resembling typhoid fever, proved, at the autopsy, to be one of disease of the brain.

*Case.*—Dr. GOULD described the autopsy of a case which had been under his care for a time, in which there was an extensive complication of lesions. The patient—a female—had been treated by various physicians, in this country and in Europe, for uterine displacement. Dr. Channing, however, who at one time attended her, diagnosed—what the autopsy verified—that there was no disorder of the womb, save what had been brought about mechanically. Dr. Gould also had decided that there was no uterine disease. Yet by no pessary, or apparatus of any kind, had it been possible to keep the uterus in situ. Dr. Channing had diagnosed an affection of the rectum. The rectum was not examined at the autopsy, but the uterus was found healthy.

*Abortion.*—Dr. GREEN spoke of a case of abortion, in which, the fœtus having been discharged, the placenta remained. The os uteri being rigid, antimonial injections were used with good effect.

*Tumor.*—Dr. H. R. STORER showed a horn-like body, about the size of a common white bean, which he had removed from the side of the nose of a patient at the Eustis Street Dispensary. The mass proved to consist of sebaceous matter.

*Cancrum Oris.*—Dr. H. R. STORER reported a case of cancrum oris, coming on in a neglected child, after typhoid fever. There was extensive sloughing of the skin, and left cheek: also of a portion of the jaw. Some of the teeth had fallen out. This case occurred in an unhealthy region. Dr. S. had heard of another case of the disease in the same vicinity: and suggested the query whether the disorder depended at all, for its causation, upon locality.

Dr. ABBOT had met with only one case, and that was in Essex St.

Dr. J. B. S. JACKSON once saw a case in East Boston, in which a large portion of the cheek sloughed. The patient was wretchedly poor, but Dr. J. recollected nothing unhealthy in the locality. He had seen another case, in a narrow yard leading out of Pleasant street; and a third in Essex street, some time since.

*Eclampsia.*—In the course of a discussion suggested by a case of puerperal convulsions, reported by Dr. E. B. MOORE, Dr. J. B. S. JACKSON remarked upon the frequency of pain at the epigastrium, as a precursory symptom of eclampsia—a symptom which was, however, absent in the case of Dr. Moore.

Dr. BUCK, also, had seen many cases of puerperal convulsions preceded by epigastric pain.

Dr. CHANNING, after remarking that pain at the pit of the stomach is laid down by Denman as the most frequent precursory symptom of eclampsia, stated that, in many of the cases observed by himself, the convulsions were the result of improper kind or quantity of solid or

liquid ingesta. As to the question of bleeding in the anasarca of eclampsia, some authorities hold that the greater the anasarca the more free should be the blood-letting; while Dewees, on the other hand, recommended no bleeding in that affection. As a general thing, Dr. C. did not bleed as much as formerly. He added that he had never happened to see more than two cases of puerperal convulsions *during* labor, most of his cases having been instances of convulsions *before* labor. Since chloroform had come into use, Dr. C. considered eclampsia as manageable a disease as any of the puerperal state, provided it were treated by inhalations of that agent alone, or combined with ether. *Ether alone*, on the other hand, did not seem to him to answer so well. Other forms of convulsions, also, he thought were benefited by chloroform.

[Though not by way of answer to the question which is the best anæsthetic in eclampsia, it may be well to bear in mind, in this connection, that numerous cases of recovery have been reported, which have been treated by sulphuric ether alone. The writer has treated three cases of eclampsia by anæsthesia, using sulphuric ether uncombined; and they all recovered. Still, it is possible that if chloroform had been used in all cases treated by anæsthesia, more instances of recovery might have been reported.—SECRETARY.]

Dr. H. R. STORER had lately seen a case of eclampsia, in consultation with Dr. Nathan Hayward, of Roxbury. The "convulsions first occurred after labor had begun. The temporal arteries had been successively opened, with the effect of temporarily checking the convulsions, which, however, soon returned. Chloroform was then given, and persisted in, for several hours. By it, an attack was at once stopped, and others, which threatened, prevented—a single convulsion only occurring after its use had been commenced, and that evidently owing to the negligence of the nurse. The child, a boy, was born living, and the patient made a good recovery."

Dr. Storer also mentioned a case which had been described to him, of a lady about to be confined, in which there was œdema and albuminous urine. Dr. S. stated to a relative of the patient, the danger of convulsions, and the next news of the lady was that she had been confined and had had convulsions.

*Antimonial Enemata.*—Dr. Storer further mentioned two instances, since those previously reported, of undilatable os uteri, in which antimonial enemata had been of great benefit.

Dr. Buck had seen good effects follow the use of antimonial enemata in undilatable os uteri, and thought well of the remedy.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 12, 1857.

#### A FREE HOSPITAL.

So far as we have observed, the project to establish a Free Hospital in Boston has been received by the public with great unanimity since it was first proposed by the Mayor in his Inaugural Address, at the commencement of the present year. There are comparatively few in the

community who have been so placed as to realize fully the pressing need of an institution in which the industrious laboring man can find a shelter when overtaken by sickness, against which he has not been able to provide, owing to misfortune or to the burden of a large family. Could the facts become generally known, we are confident the common sentiment of humanity in the community would call for the establishment of such an institution.

The Committee of the City Government which has the matter in charge will, we doubt not, fully investigate the facts, and will give such information in their report as will enable our citizens to form a just opinion upon the subject.

We are willing that the question should rest upon its own merits, and while we feel that Boston need not look elsewhere in order to form an opinion upon her own duties, it may not be amiss to look abroad to see what other cities have done and are doing in this matter.

In the *New York Times* of February 28th, is an article which contains more minute information respecting hospital accommodations in that city, than we have hitherto been able to obtain. It has been prepared from information recently procured from authentic sources, either upon visitation or by letter. The article is as follows :

|                                                                                | BEDS.          |                 |
|--------------------------------------------------------------------------------|----------------|-----------------|
|                                                                                | Provision for. | Present No. of. |
| Bellevue Hospital (has an addition progressing)                                | —              | 615             |
| Blackwell's Island Hospital . . . . .                                          | —              | 570             |
| Jews' Hospital . . . . .                                                       | 170            | 50              |
| Lying-in Asylum . . . . .                                                      | 55             | 30              |
| Marine Hospital (consisting in part of single story frame buildings) . . . . . | —              | 1600            |
| New York Hospital . . . . .                                                    | 500            | 310             |
| Nursery Hospital, Randall's Island . . . . .                                   | —              | 230             |
| Seaman's Retreat . . . . .                                                     | —              | 350             |
| St. Luke's Hospital (has not been opened)                                      | —              | 200             |
| St. Vincent's Hospital . . . . .                                               | —              | 110             |
| Ward's Island Hospital (note opposite Marine Hospital applicable) . . . . .    | 1500           | 900             |
| Woman's Hospital . . . . .                                                     | —              | 46              |
| Eye Infirmary . . . . .                                                        | —              | 30              |
| Bloomingdale Lunatic Asylum . . . . .                                          | —              | 160             |
| City Lunatic Asylum, Blackwell's Island                                        | —              | 610             |
| Hospital Department of Colored Home . . . . .                                  | —              | 88              |
| Hospital Department of Colored Orphan Asylum . . . . .                         | —              | 56              |
| Hospital Department of Home for the Friendless . . . . .                       | —              | 20              |
| Hospital Department of Home for respectable aged Indigent Females . . . . .    | —              | 11              |
| Hospital Department of House of Refuge, Randall's Island . . . . .             | —              | 11              |
| Hospital Department of Juvenile Asylum                                         | —              | 28              |
| Hospital Department of Nursery, No. 223 Sixth Avenue . . . . .                 | —              | 25              |
| Hospital Department of St. Patrick's Male Orphan Asylum . . . . .              | —              | 20              |
| Hospital Department of St. Patrick's Female Orphan Asylum . . . . .            | —              | 10              |
| Total . . . . .                                                                |                | 6080            |

"Of the 1,295 beds in the Blackwell's Island Almshouse, 190 in the Colored Home, 76 in the Home for Respectable Aged Indigent Fe-



males, 400 in the Sailors' Snug Harbor, and 800 to 1,600 in the Ward's Island Almshouse for the poor *not reported sick*, a part are occupied by those who have chronic intractable ailments. A few institutions, besides those above mentioned, probably furnish upwards of 100 beds for cases of disease. This exhibit affords proof that the hospital endowments of New York do not compare with those of other cities, at home and abroad, as unfavorably as has been represented."

The list of hospitals in Philadelphia, as far as we have been able to obtain it, is as follows :

|                                                                         |           |
|-------------------------------------------------------------------------|-----------|
| Pennsylvania Hospital . . . . .                                         | 230 beds. |
| Philadelphia Hospital, Blockley, supported by the City, . . . . .       | 2500 "    |
| St. Josephs, . . . . .                                                  | 60 "      |
| Episcopal, . . . . .                                                    | 34 "      |
| City Hospital, <i>Free</i> . . . . .                                    | 150 "     |
| Lazarette Hospital, supported by capitation tax on emigrants, . . . . . | 400 "     |
| Western Clinical, . . . . .                                             | 24 "      |
| Children's . . . . .                                                    | 15 "      |
| Wills Hospital for Diseases of the Eye . . . . .                        | 45 "      |

---

3458 beds.

The beds set apart for the sick in the various charitable associations are not here reckoned. The Penn. Hospital, at Blockley, is also an almshouse, but from the Report of the Managers for the year 1856, we are led to infer that nearly five sixths of those admitted are sick and under medical treatment.

From other American cities we have no reliable information. We have heard, however, on the authority of a gentleman who has visited the institution, that La Charité Hospital alone, at New Orleans, contains one thousand free beds.

We have no accurate statistical account of the hospital accommodations in London.

From documents at hand, however, we find that in her twelve general hospitals there are 3,606 beds free, to all intents and purposes, to the sick poor. In this account we do not include the various private institutions of all kinds for the gratuitous or non-gratuitous treatment of every imaginable disease, nor the thirty-five public dispensaries which minister annually to the wants of 140,000 patients.

In Paris, without reckoning private institutions, we find that there are not far from ten thousand beds for free patients.

Even Dublin has 1,259 free beds, and the great hospital at Vienna has 3,000, while a recent traveller tells us that he visited one hospital at Lyons containing 1,800 beds, and another at Rome containing 1,600.

In relation to Boston, let any one sit down and sum up what we have done for the sick poor. Let him note the number of beds in the Massachusetts General Hospital, the Deer Island Hospital (and he cannot go much farther), and how does the account stand? We could easily estimate the population of the various cities named, and the number of hospital beds furnished by each to every thousand inhabitants, but we leave that for others to do at home, as we should not like to send abroad a statement which Mr. Gilman would call "*ridiculous*."

It cannot be said, in extenuation of this neglect, that such a state of things is warranted by the comparatively independent position of our laboring classes. Nearly one half of our whole population con-

sists of foreigners ; nine tenths, perhaps, of those who do our heavy and hard work consist of the same class. They are placed at the bottom of the scale, while our own native-born laborers have been promoted.

We cannot, therefore, see anything in the character of our laboring classes which authorizes our neglect in not providing for them, in their hours of sickness and dependence, those comforts which they by their useful toil, while in health, have been the means of providing for those who have been more favored than themselves.

#### QUESTIONABLE ADVERTISEMENTS.

UNDER the above head, the (Philadelphia) *American Presbyterian* has a most excellent article, condemning the practice of admitting into the columns of public prints those objectionable medical advertisements with which our papers are flooded, and which are so injurious, both to body and mind, in their tendencies. It is not a little remarkable, that our journals, all of whom profess to uphold the cause of morality, if not of decency, should generally be silent upon the subject of so great an outrage. Even the large sums which are paid for the insertion of such advertisements should not, one would think, be sufficient to silence almost the whole press, on a subject of so much interest to the welfare of the community. There is not a city, and hardly a town, in our country, in which one or more newspapers are not printed, containing habitually advertisements which if not grossly indecent are the most barefaced impositions. Men subscribe for journals whose columns are filled with announcements which cannot be read by their wives and daughters without feelings of shame and indignation, nor by their sons without danger.

It is not our province to point out the moral evils which inevitably follow this state of things ; but in the name of the profession, in the name of humanity, we tender our thanks to the *Presbyterian* for its remonstrance against the practice of admitting into newspapers, advertisements which hold out delusive hopes to the sick, and after inducing them to spend their money for worthless, if not pernicious, compounds, leave them in a worse state than before. We are aware that our motives will be misconstrued by some ; that our indignation may be thought to be prompted by the jealousy occasioned by the success of "illegitimate" medicine. The charge is simply absurd. Individuals may be occasionally injured by the success of empirics, but as we have stated before now, the profession is indirectly, and many physicians are directly benefited by the unfortunate consequences of taking quack medicines. It is the deluded public who suffer, a large portion of whom can only be made to believe, after they have been taught by bitter experience, that ignorant pretence, unblushing impudence, barefaced imposture, are but a poor dependence in time of need. We appeal to the respectability of our profession throughout the land, throughout the world, as a proof of the purity of our motives.

The journal from which we quote, copies a number of advertisements, whose absurdity would provoke laughter, if it did not excite our pity that such transparent frauds should be played off on the public, with hardly a remonstrance from the press, which, on the contrary, in too many instances strongly recommends them to the patronage of the public.

"We take up a paper," says the *Presbyterian*, "and as we read we find the an-

nouncement that a certain person offers his "*Cancer Drops and Ointment*," to those afflicted with cancer and scrofula. With more modesty than ordinarily characterizes the venders of such nostrums, he only asserts that it is a 'safe and generally certain remedy for such diseases.' Now, are the editors of that paper so grossly ignorant as to believe that cancer or scrofula can be cured by 'ointment and drops'? Do they not know that thousands are sent to premature graves by drugging themselves within, and plastering themselves without, with such nostrums?"

We subjoin another extract :

"But, as if this were not enough—and how strange it is that with such a remedy any other should be in demand—we have, in the same paper, a disinterested individual, who has a certain cure for consumption, which he longs to give to the suffering. Hear him :

" 'A retired physician, whose sands of life have nearly run out, discovered, while living in the East Indies, a certain cure for consumption, bronchitis, coughs, colds, and general debility. Wishing to do as much good as possible, he will send to such of his afflicted fellow beings as request it, this recipe, with full and explicit directions for making up and successfully using it. He requires each applicant to enclose him one shilling, three cents to be returned as postage on the recipe, and the remainder to be applied to the payment of this advertisement.'

"Think of it! Consumption cured for 'one shilling' and a postage stamp!! No wonder that the editors desire to spread the glad tidings among their thousands of readers.

"How is it with our — friend? Is he engaged in the good work? Yes. He has a whole column, from the top to the bottom of his sheet, filled by the advertisement of *one* enterprising vender of these precious remedies. Here is a priceless balsam, proclaiming its virtues in paragraph upon paragraph of humane grandiloquence. Cough, bronchitis, asthma, all fly before its wondrous powers of expulsion. Even consumption cannot stand it.

" 'Before its delightful influence, all chills, fevers, night sweats, blueness of the nails, a hot, flushed skin, an uncertain strength, emaciation and decline—disappear like the poisonous dews of night before the glorious morning sun. This is no delusion, but a demonstrative fact, sustained by incontestable proof from all parts of the country.'

"If your difficulties lie in another quarter of the frame, you need not despond. We learn from the same source that anything, from cholera to the bite of a rattlesnake, may be cured by a certain 'Pain Killer'!

"The editor, perceiving the desirableness of his readers not overlooking this invaluable medicine, favors them under the head of

'CHEAP LIFE INSURANCE,'

With a short notice of it, and of another equally useful remedy, in a space lying between the call of the Rev. Mr. — to the pastorate, and the marriages of the week!"

We heartily agree with the *Presbyterian* that the publishers of newspapers are responsible for what they send into the houses of their subscribers, and that the public may and should hold them accountable for the tendency of their *advertisements*, as well as for that of other portions of their sheet.

*Pennsylvania Hospital for the Insane.*—We learn from the Sixteenth Annual Report of the Pennsylvania Hospital for the Insane (for 1856), by Dr. T. S. Kirkbride, that "at the date of the last Report there were 230 patients in the institution; since which 166 have been admitted, and 172 have been discharged or died, leaving 224 under care at the close of the year. The total number of patients in the Hospital during the year was 396. The highest number at any one time was 244; the lowest was 224; and the average number under treatment during the whole period was 233.

"From the beginning to the end of the year the Hospital has been full, generally crowded, and for some weeks we were compelled," says Dr. K., "to decline nearly every applicant."



*Medical Miscellany.*—An interesting discussion is going on in the *London Lancet*, on the question whether the practice of smoking tobacco is injurious to health. Like the discussion of the same question in this Journal, some ten years ago, there is no lack of writers on both sides, and no lack of confidence in each class that its side of the question is the right one.—The *London Lancet* states that out of about 1500 practitioners of dentistry in England, only about 30 at the most possess diplomas of the College of Surgeons.—A woman lately died at Guy's Hospital, London, from swallowing a glass of "Sir Wm. Burnett's disinfecting fluid," instead of a glass of gin. It is recommended that this preparation be tinged green, or some other hue.—In the London report of deaths for the week ending January 17th, it is stated that a family in one district lost three children by scarlatina in ten days, but that the disease was not considered prevalent in that city.—Dr. Valentine Mott has been elected President of the New York Academy of Medicine. Dr. M. is still in active surgical practice, and has lately tied the common carotid artery for the forty-fourth time.—Measures are being taken by the people of Brooklyn, N. Y., to preserve some permanent tokens of respect to the memories of Drs. Crane and Dubois, who died last summer while attending upon the sufferers by yellow fever in that place.—The number of children in the Pennsylvania Training School for Idiotic and Feeble-minded Children, situated in Germantown, is now 33. Of these, 13 are mutes, 6 semi-mutes, 10 with defective articulation, and 4 with correct articulation. All the mutes have the sense of hearing perfect. Dr. Joseph Parrish is Superintendent, and Bishop Potter President.—Prof. E. R. Peaslee, of New Hampshire, it is stated, has a work on Physiology in the press.—Prof. Alden March, of Albany, delivered the annual address at the late meeting of the State Medical Society of New York, and Dr. Augustus Willard, of Chenango Co., was chosen President.—A voluminous Report, by Dr. Norwood, State Geologist of Illinois, is in press.—The annual commencement of the New York Ophthalmic Institute, under the charge of Dr. Stevenson, took place last week.—Prof. James Hall, of Albany, has been recommended to the Senate of Wisconsin as State Geologist, to succeed the late Dr. J. G. Percival—and Prof. E. S. Carr to act as Assayer and Agricultural Chemist.—Drs. J. W. Francis, Alonzo Clark, and McNulty, have been appointed a Committee by the New York Academy of Medicine to draft resolutions in regard to the death of Dr. Kane.—It is said that the lime-kilns in England cause the death, in every ten years, of between two and three hundred persons—wayfarers being attracted to them by their warmth, and falling asleep near enough to be poisoned by the fumes of carbonic acid emitted.—Dr. Tyler Smith states that about 3000 mothers die in child-bed, annually, in England and Wales; and that the proportion of maternal deaths to the births, as registered during several years, was 1 in 171.

*Health of the City.*—The mortality from scarlatina continues to diminish, and the disease is scarcely to be dreaded as an epidemic. We notice 6 deaths from pneumonia, and 5 from disease of the heart. The total number of deaths during the corresponding week of last year was 83, of which 18 were from consumption, 5 from scarlatina, 6 from pneumonia and 2 from disease of the heart.

*Books and Pamphlets Received.*—Disease a Unit, or Medicine a Science. By H. Backus.—L'Art Dentaire. Revue mensuelle de la chirurgie et de la prothèse dentaires, par MM. Fowler et Préterre, dentistes Américains. Vol. I., No. I.—Epitome sobre la endocarditis intertropical, o fiebre amarilla. Por José D. Espinar, M.D. Callao, 1856. (From the author.)—Fourth Annual Report of the Board of Directors of the Penn. Training School for Idiotic and Feeble-minded Children.—Medico-Legal Examination of the case of Charles H. Huntington.—Abstract of Returns of the Keepers of Jails and Houses of Correction (in Massachusetts) for the year ending Nov. 1, 1856.—Lithograph of the Brain of the Horse. By George H. Dadd, Veterinary Surgeon.—Report of the Penn. Hospital for the Insane (1856).

DIED.—In Philadelphia, March 4, Dr. John W. Richmond, in the 82d year of his age.—In New York, by suicide, Dr. Samuel B. Phillips, aged 54—a native of Connecticut.

*Deaths in Boston* for the week ending Saturday noon, March 7th, 70. Males, 38—Females, 32—Anæmia, 1—inflammation of the bowels, 1—inflammation of the brain, 1—disease of the brain, 1—consumption, 10—convulsions, 4—croup, 2—dysentery, 1—dropsy, 4—dropsy in the head, 3—drowned, 1—debility, 2—infantile diseases, 5—puerperal diseases, 2—gastritis, 1—epilepsy, 1—scarlet fever, 10—gangrene, 1—disease of the heart, 5—inflammation of the lungs, 6—congestion of the lungs, 1—marasmus, 1—old age, 2—scrofula, 1—suffocated, 1—teething, 1—unknown, 1.

Under 5 years, 33—between 5 and 20 years, 7—between 20 and 40 years, 13—between 40 and 60 years, 4—above 60 years, 13. Born in the United States, 55—Ireland, 11—other places, 4.

*The Medical Department of the University of New York.*—The Annual Commencement of this School was held last week in the large Chapel of the University Building. The diplomas to the graduates of the present year, 120 in number, were awarded by Rev. Dr. Ferris, the Chancellor. Of these graduates, we notice, in the New York Times, that 4 are from the State of New York, 16 from Georgia, 2 from North Carolina, 9 from New Jersey, 9 from Virginia, 6 from Alabama, 5 from South Carolina, 6 from Canada, 3 from Kentucky, 3 from Ohio, 3 from Pennsylvania, 3 from Mississippi, 2 from New Brunswick, 1 from Nova Scotia, 1 from Illinois, 1 from Connecticut, 1 from Iowa, and 1 from Tennessee. The medals offered annually by Dr. Valentine Mott to the candidates for graduation, viz., a gold medal to the candidate who prepares the best dried anatomical or anatomic-surgical preparation; a silver medal to the second best of that description, and a bronze medal to the candidate who furnishes the best clinical report, were awarded as follows: the gold medal to Robert F. Carlin, of New York; the silver medal to William H. Wilson, of New York; and the bronze medal to Geo. S. Hardaway, of Georgia. The address to the students was delivered by Dr. Mott. It was brief, but eloquent and forcible.

*New York Medical College.*—The Commencement exercises of the New York Medical College for the session of 1856-57, took place on the evening of the 5th, in the Lecture Room of the Institution, in Thirteenth street. Dr. Frank Tuthill conferred the prizes for the three best theses from the graduating class, as follows: the first prize to Nehemiah Nickerson, of Connecticut, for his thesis on Infantile Paralysis; the second prize to N. E. Thrasher, of Connecticut, for his thesis on the effects of climate and exercise on the quantity and quality of food; the third prize to John M. Farrington, of New York, for his thesis on the Psychophysical relations of man. Professor Doremus then read the names of 30 graduates entitled to diplomas as Doctors of Medicine, and Dr. Green, with an appropriate address, after delivering the Hippocratic oath, awarded them. Of the graduates, 14 were of New York, and 8 from different countries of Europe. Honorary degrees were then conferred on the following gentlemen: Juan Lantuer, Cuba; Joseph Mears, M.A., Alabama; Stephen Rogers, Panama; John Grover, M.D., Maine; E. R. Paine, Valparaiso. Dr. Timothy Childs delivered a very happy valedictory to the graduates. It was the Professor's first public appearance before a New York audience. He was greeted with applause, and his address was loudly cheered at its close.

*Miami Medical College, Cincinnati, Ohio.*—The fifth annual commencement of this medical school, as we learn from the *Cincinnati Medical Observer*, came off on the evening of February 19. The Rev. S. W. Fisher, D.D., President of the Board of Trustees, delivered an able address to the graduating class, after which the degree of M.D. was conferred on 31 gentlemen, and a valedictory address by Prof. J. F. White closed the services. By the rule of this college, each candidate for graduation, previous to receiving the degree of M.D., concedes to the faculty and trustees the power to withdraw the diploma if he should ever engage in quackery. During the examination for degrees, Prof. Comegys introduced a somewhat unusual feature. He placed a printed list of questions on the black-board before the entire class of candidates at once; they were provided with paper and pencil, and allowed two hours to prepare written replies to the list. There were no "leading" questions by the professor. There was no interchange between candidates and teacher whatever, except as to the point or meaning of particular questions; making 100 the standard of perfection, we understand (says the *Observer*) the result of this experiment was an average of 84 per cent., which is certainly evidence of very fair drilling.

*The Medical College of Ohio* held its commencement on Tuesday evening, February 17th, in the amphitheatre of the college building. The President, John P. Foote, Esq., delivered diplomas to thirty-one gentlemen, accompanied by an excellent address suited to the occasion, and the honorary degree to Dr. Wm. Dickey and Dr. John A. Windells. Prof. Armor gave the valedictory.

*The Cincinnati College of Medicine* held its commencement on Saturday evening, February 14th. Prof. Baker delivered the valedictory to five graduates.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. LVI.

THURSDAY, MARCH 19, 1857.

No. 7.

---

## SICKNESS AND DEATH OF DR. KANE.

[Communicated to the Boston Society for Medical Improvement, by F. S. AINSWORTH, M.D.]

THE death of the late Dr. E. K. KANE, which took place in Havana on the 16th of February, though not unexpected has still filled the minds of all who knew him with deep regret that a career so brilliantly commenced and so faithfully followed should be so prematurely terminated. It was the fortune of the writer to attend him, in consultation with his regular physician (Dr. La Riverend), during the last part of the sickness which terminated his life. A few particulars of his case, gathered in that short period, will, it is believed, derive some interest from their connection with one so justly celebrated.

Dr. Kane inherited a decided predisposition to rheumatic affection, and had from early life been subject to attacks of articular rheumatism. He suffered very severely from this disease after his return from the first Arctic expedition. The heart, also, had become involved, and he was thought to have a considerable degree of hypertrophy, together with thickening of the valves. So severely was he afflicted with articular rheumatism while preparing for the last cruise in search of Sir John Franklin, that it was often necessary to apply frictions to the joints for an hour, before rising in the morning, in order to enable him to ride to the Navy Yard, where the "Advance" was fitting out.

Very soon after getting into the high latitudes, however, these difficulties subsided—a result which would hardly have been anticipated, but which he had observed in his own case on his previous voyage. What his sufferings and exposures were during his Arctic expedition, is well known; but it is proper to state that they were much more severe, and their effect upon his constitution more disastrous, than would be supposed from the few allusions made to his own case in the published account of the expedition.

On his return, his previous rheumatic and cardiac troubles had become complicated with scurvy; though very much exhausted and



worn out by the hardships he had undergone, he allowed himself no time for repose, but labored incessantly in preparing the account of his expedition for publication. This fatigue, together with the great change in climate and habits, brought on a severe relapse of his constitutional disease, aggravated by the newly acquired scorbutic taint. He received little or no benefit from the treatment of his disease while in this country, and was advised to try a change of climate; accordingly, after the publication of his book, he sailed for England. Here his health became much better, all his symptoms were much improved, and he considered himself nearly restored to health. As, however, there still remained some traces of scurvy about him, his physicians advised him to spend the winter in the West Indies, for the benefit of the climate and fruits.

Since his return from the north, there was a somewhat remarkable change in his ability to bear the motion of the ship; he had become unusually sensitive to sea-sickness, which was brought on by even a slight rolling of the vessel. The voyage from London to St. Thomas was, however, well supported; while there, his health continued to improve, and at the end of six weeks he sailed for Havana. The ship in which he took passage was overtaken by a severe storm; he was very much affected by the motion of the vessel, and in the effort and strain of vomiting ruptured a bloodvessel in the brain. Entire insensibility followed, and continued for several days after his arrival in Havana. A partial recovery took place after a few days, but the right side was found to be completely paralyzed.

During the months of December and January and until the 10th of February, he slowly rallied from this attack, and was able to walk a little about his room and to drive out. He recovered the use of the right hand and wrist to a great degree, and shortly before the second attack was able to rotate the fore-arm. His mind was perfectly clear, although there was some loss of control over the memory. When he endeavored to recal any circumstance which had transpired, several others, more or less connected with it, were remembered, from which he was unable to isolate the particular fact desired. Of this difficulty he was himself perfectly conscious.

On the 10th of February, at the morning visit, he appeared more cheerful than usual, and conversed a good deal with those about him. About 11 o'clock, however, he was suddenly seized with a severe attack of apoplexy, which deprived him entirely of consciousness. There was at first considerable spasmodic action of the muscles, which simulated in some degree a fit of epilepsy. These symptoms soon subsided, leaving him with almost complete paralysis of the entire body. The iris responded to light, and the muscles of the pharynx acted when stimulated by fluid introduced

into the mouth. The pulse was feeble, and varied from 120 to 140 beats. The skin was moist and cool. He remained very much in this state until his death, which took place on the fifth day after the seizure. In this interval, however, he seemed to have recovered some degree of consciousness, and several times signified assent to a question by turning his eyes toward the speaker. There was some motion of the lips when a spoon was placed in the mouth, and once or twice he was able to make sensible pressure with the right hand. There was no indication of suffering during his last hours, and he died apparently from simple exhaustion.

The tenacity of life in this case was quite remarkable. A constitution broken by chronic disease of many years' standing—a series of hardships and exposures almost unheard of, with all the depressing addition of care and responsibility—followed by an affection which for some months threatened his life; add to all these an attack of apoplexy, paralyzing entirely the right side, and in two months after a relapse affecting the whole body, and one can hardly conceive how life could have been sustained for so long a period as five days after the last shock.

The treatment in this case was quite simple. On account of his previous illness and the scorbutic taint in his system, it was thought unsafe to resort to the active measures usually pursued in such cases. After the first attack, small doses of ext. nux vomica with quinine were administered. These were suspended after a time, through fear of increasing the cardiac disease, and a high tonic and anti-scorbutic course was followed. After the second attack, a few leeches were applied, together with cold applications to the head.

F. S. A.

---

#### CASES OF HERNIA.

BY THOMAS H. GAGE, M.D., WORCESTER.

[Communicated for the Boston Medical and Surgical Journal.]

**INGUINAL HERNIA—SPONTANEOUS REDUCTION.**—August 18th, 1854. H. S., a healthy lad, æt. 14, was brought to my office. He reported that for several weeks previous he had suffered during every day from a swelling in the left groin, which toward evening had grown tender and painful. While in the recumbent posture, at night, it would disappear. He could assign no cause for its first appearance; he had never been so troubled before the present summer. For three nights previous to date it had not disappeared, and had been growing gradually more sensitive and painful.

I found him cool, pulse natural; his bowels had moved twice in the three past days; had slept well the night previous. On examination I discovered a tumor in the left groin, about the size of a hen's egg; very sensitive to the touch, of soft, elastic feeling, not

resonant upon percussion. Its position, history, appearance and symptoms gave me the diagnosis of oblique inguinal hernia. Placing the lad in the usual position, I attempted reduction by taxis, but finding the tenderness and pain so great as to render the effort useless, I etherized him, and continued the attempt for an hour without success. I then advised that he should be carried home, put to bed, and a bladder of pounded ice be applied to the tumor, and I invited Dr. Morse, of Clinton, to see the case with me.

We saw him about three hours subsequently. The appearance and feeling of the tumor, and general symptoms, were unchanged. Both Dr. Morse and myself renewed the effort at reduction, but without ether, to which the boy had taken a great aversion. Our attempt was still fruitless, and after a few hours, finding the general condition of the patient still excellent, and no symptoms urgently demanding further interference, we resolved to leave him for the night, and see him early in the morning. We directed the applications of ice to be continued through the night, and ordered ten grains of Dover's powder.

Aug. 19th, 8 o'clock, A.M.—Patient had passed a tolerably comfortable night, suffering somewhat from soreness consequent upon manipulation. The tumor had completely and spontaneously disappeared.

STRANGULATED FEMORAL HERNIA.—Nov. 23d, 1854, at 7 o'clock, P.M., I was called to Madam P., of Sterling, æt. 68 years, a lady of naturally active habits, and sanguine temperament. She had formerly enjoyed uniform health, but of late years had been subject to attacks of epileptic vertigo, under the influence of which her health had been gradually failing, both physically and mentally. The muscles had become wasted, feeble and flaccid, a condition particularly noticeable in the abdominal parietes, which were much attenuated, the superficial fat being nearly all absorbed, and the inguinal orifices unusually open. I learned that she had suffered during the early part of the day from an attack of "cholera morbus," and that the vomiting and diarrhoea had subsided some hours previously. Having, however, accidentally ascertained the existence of an unusual swelling in the left groin, which, by the way, was not observed until some time after the retching and vomiting had ceased, and to which her attention was not even then directed by particular pain or uneasiness, she called to it the attention of her son, a physician, who immediately suspected its true nature.

The tumor was as large as a medium-sized pear, and of pyriform shape, occupying the anterior, inner third of the thigh, just below Poupart's ligament, which could be traced over its narrow neck. It was soft, of doughy feeling, somewhat irregular, and perfectly dull upon percussion. Its position, feel, sudden appearance, and



probable history, together with the obvious predisposing causes (a relaxed condition of the abdominal walls, and an unusually open condition of the orifices,) led to the diagnosis of femoral hernia, and taxis was attempted, without the use, however, of any relaxing agent, as from the depressed and exhausted condition of the system there was no muscular resistance to be overcome. These attempts were persisted in for an hour without effecting any change in the tumor, except to produce some soreness, while they caused the most deadly general faintness and nausea. In this condition of things, considering the age and feebleness of the patient, and with the advice of Dr. Kendall, it was decided to postpone further efforts for the night; to place the patient in a posture favorable for the spontaneous return of the hernia, and to apply, locally, compresses wet with cold water.

The cold applications had an unpleasant effect, and were discontinued in the night. The patient got some sleep. Next morning, the condition, general and local, was unchanged. At an early hour she was placed under the influence of sulphuric ether, and taxis renewed, but without success, and an operation decided to be necessary. This was performed in the manner usually directed for femoral hernia, Dr. Kendall assisting me. The contents of the sac were found to be chiefly omental, with only a small knuckle of intestine, the whole in a highly congested state, though apparently sound. From the unusual size of the tumor for femoral hernia, I had anticipated that it might be constricted by the falciform border of the pubic portion of the fascia lata, but was disappointed. The strangulation was entirely in the crural opening, where the mass was as firmly constricted as if a cord had been tied around it. Using my finger as a director, I divided, for a line or two, Gimbernat's ligament, horizontally toward the pubis, by which the strangulated portion was perfectly released, and the contents of the sac readily returned.

Subsequent dressings consisted of sutures, adhesive straps, lint, and compresses, secured by a firm bandage. Union took place by first intention, and the patient made an unusually rapid and favorable recovery; a result better than my anticipations, when I considered the age, broken health, and previous exhaustion of the lady.

All of the cases of hernia which I have now reported in this and a previous Journal, with the exception, perhaps, of the lad, H. S., present one feature in common, of practical interest. I allude to the absence of any *local symptoms* at all comparable with the gravity and importance of the lesion; and I speak of this the more seriously, because in my first article upon this subject I had occasion to mention a case of strangulated hernia, which proved fatal under the care of a physician of many years' experience, unrecognized as such, simply from the *absence of any local symptoms*

directing the attendants' search to the groin. The imperative importance of examining all the possible seats of hernial protrusion, in cases of sudden, severe, and intractable abdominal attacks, attended with *any* of the constitutional symptoms of strangulated hernia, could not be more forcibly impressed than by such experience as this.

*Worcester, February, 1857.*

---

#### IMPROVEMENT IN PLUGGING THE VAGINA.

[Communicated for the Boston Medical and Surgical Journal.]

THERE are few physicians in active practice, who have not, at one time or another, been annoyed, and perhaps alarmed, by the occurrence of profuse uterine hæmorrhage, especially in abortions of an early period. The ultimate and unavoidable termination of these cases by expulsion of the uterine contents, having been satisfactorily ascertained, it is of course highly desirable to hasten this result, and at the same time save the patient from further effusion of blood. For this purpose, various kinds of plugs or tampons have been recommended, among which, strips of linen, silk handkerchiefs, sponges and India rubber bags or bottles, are most in favor. The method which I am about to propose, and have often employed with great satisfaction, seems, however, to possess several advantages over any of the others. I learned it some years since from my friend, Dr. George O. Jarvis, of Portland, in this State.

The entire apparatus consists of two, or perhaps three, towels. One of these is to be twice doubled or folded lengthwise, and then rolled up tightly, until it is made into a small, firm roll or cylinder, some eight or ten inches in length. This is then again rolled up within a second towel extended or spread out to its full length. We have thus a band or roll about a yard long, the central portion forming a thick, firm cushion. Its application is perfectly easy and simple: the central part or cushion is applied against the vulva between the thighs; one end of the enclosing towel is brought up in front of the patient, and the other at her back between the nates (like the letter U), and the two ends being tightly drawn up, are then pinned to a third towel passing across the shoulders, or perhaps to the neck or yoke of the patient's night dress, if that be stout and strong enough for the purpose. Firm pressure is thus made against the genital fissure, preventing the escape of blood, which then coagulates in the vagina and serves both as a plug and dilator of the os uteri. In due time, the ovum being separated, expulsive pains come on, and the roll being then unpinned and removed, and the patient (if not too much exhausted) allowed to sit upon a vessel, the vaginal plug or clot, followed by

the ovum and its concomitants, is extruded, and the trouble is at an end.

The advantages of this plan over any internal plugging are so obvious, that I will not take up your space or the time of your readers by enumerating them, but will only assure those who have never tried it, that, in the great majority of cases where plugging is proper and necessary, they will find this method safe, easy and efficient. It has rarely or never failed in my hands; and now, when called to a case of flooding from the cause above mentioned, if pressed by business, I do not hesitate, after applying the roll, to leave my patient for an hour or two, or longer if necessary; feeling confident that if my directions are strictly obeyed, no mischief will befall the patient during my absence.

*Middletown, Ct., Feb. 26th, 1857.*

W. B. CASEY.

---

---

AMYLENE, THE NEW ANÆSTHETIC.—LETTER FROM LONDON.

BY JAMES B. WELLMAN, M.D., OF FITCHBURG, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

ON the evening of the 16th instant, by invitation of one of the members, I attended a meeting of the London Medical Society. During the evening, Dr. SNOW read a paper on a new anæsthetic which he had been experimenting with for some time past. He first reviewed all the anæsthetics that had ever been used, their discovery, the reasons for and against their use, and finally came to speak of amylene. It is obtained by distilling fusel oil with chloride of zinc. It is very volatile, boils at 102°. It is composed of  $H_{10}C_{10}$ , and has the smell of naphtha. Insensibility is usually caused by 3 i. of chloroform, 3 iij. of amylene, 3 vii. of ether—amylene bearing the above proportion to the other two agents, and causing insensibility in three minutes. It does not choke the patient, or produce coughing, sickness or depression; neither did it produce the strangling or rigidity that is often caused by other anæsthetics. It does not seem to affect the brain as much as other agents, producing a less amount of coma, and the patient returns to consciousness almost immediately. The above facts were founded upon 21 cases in which he had administered it at King's College Hospital. The advantages which it seems to possess over other anæsthetics, judging from the above cases, are the rapid and complete insensibility to pain without so deep a coma, the quick return to consciousness, and the absence of sickness and other distressing symptoms mentioned. It is not so disagreeable as ether, and more so than chloroform; but that, I think, depends upon one's taste, or rather smell. To me, it is more disagreeable when diluted in the atmosphere, than when taken from the inhaler.

There were several questions asked by members of the Society,



and some objections raised. Dr. Priestly thought it would not be applicable in obstetric practice, its effects not being sufficiently permanent, although he was highly gratified with its results in surgical practice. I saw its effects in several of the above cases, and to me it was very satisfactory. Patients seem to come out from its influence very readily, and without any unpleasant sensations. One man, from whom a large tumor of the groin had been removed, said, within ten minutes after the amylene was discontinued, that he felt no ill effects whatever. I have seen Dr. Snow exhibit it in several cases since, with equally good results.

I understand it has been tried at some of the other hospitals here, with results not so satisfactory, not producing perfect anæsthesia in some cases, and causing sickness or nausea in others.

*London, January 23, 1857.*

#### HÆMOPHTYSIS AS A SIGN OF TUBERCULAR CONSUMPTION.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In the report of the proceedings of the *Académie des Sciences*, contained in the *Gazette Médicale de Paris* of December 6th, I find the following interesting communication from M. Lamare. It tends to confirm a somewhat popular impression that hæmoptysis is not necessarily so grave a sign as physicians, resting upon high authority alone, are apt to regard it. Some of the profession seem to get over the apprehended danger in certain cases by telling the patient that the blood does not come from the lungs. Now I apprehend that there are very few cases of such *extra pulmonary* hæmoptysis. The opinion, I suppose, in such cases, helps the physician out of the difficulty of not being able to find physical signs on auscultation to account for the bleeding. But let it be understood that the blood may actually be exhaled from the pulmonary mucous membrane and be ejected from the mouth, either with or without cough, and yet no evidence be found of the existence of tubercle in the lungs, and a rational diagnosis takes the place of a doubtful or false one. There would seem to be no good reason, *a priori*, why idiopathic bleeding should not take place from the mucous surface of the lungs as well as from any other mucous surface, caused either by a depraved condition of the blood or by any temporary congestion. The observations of M. Lamare are of great interest, it seems to me, from the apparent care and thoroughness with which they have been made, and the hopeful aspect which they give to what never occurs in the practice of a physician here without awakening most anxious solicitation. Accompanying this, is a translation of the article referred to, which I hope will interest your readers as much as it has myself.

Faithfully yours,

S. L. A.

*Importance of Hæmoptysis as a Sign of Pulmonary Phthisis.*

By Dr. EDWARD DE LAMARE.—All pathologists agree in regarding hæmoptysis, or spitting of blood, as a symptom of the invasion of the pulmonary parenchyma by tubercles, which are deposited, not, as has been said, in the pulmonary vesicles, but in the inter-areolar cellular tissue, not only of the lungs, but of other organs. Although hæmoptysis is very frequently a sign of phthisis, there are cases, rare indeed, but sufficiently well established, of idiopathic hæmoptysis, having no connection with any disease of the lungs. Louis has shown, in his treatise on Phthisis, that cases of idiopathic hæmoptysis are to those arising from phthisis in the ratio of *one to twenty-four hundred*; which leads him to say that when an individual raises blood it is infinitely probable that he is tuberculous. The experience resulting from my own observations leads me to fix this ratio at *as one is to sixty-six*; a result, which although it recognizes phthisis as by far the most common cause of hæmoptysis, enlarges very materially the class of exceptions. Consequently, without losing sight of the gravity of the prognosis in all cases of hæmoptysis, my calculation, made from cases directly under my personal observation, is from thirty-six to thirty-seven times less unfavorable than Louis's.

To establish these statistics, I have rejected all cases in the least degree doubtful, and have only admitted as cases of idiopathic hæmoptysis those which, after the lapse of fifteen years, have neither been preceded nor followed by a cough, even of a few days' duration, nor by emaciation nor loss of strength—individuals who had no hereditary phthisical antecedents, who were not subject to colds, and in whom at least fifteen years after the occurrence of hæmoptysis, a careful auscultatory examination of the chest by myself has shown a perfectly healthy condition of the lungs. There is, however, a noticeable difference between men and women with regard to idiopathic hæmoptysis; it being more frequent among the latter, for the reason that the menstrual secretion, often suppressed or diminished, is sometimes replaced by supplementary hæmorrhages. Thus, while for the two sexes together, the ratio is as 1 to 66, it is as 1 to 132 for men and 1 to 33 for women.

It is to be understood that I do not give the name of hæmoptysis to the occurrence in the sputa of streaks or spots of blood, which may take place without suspicion of phthisis, but only to the expectoration of blood in considerable quantities.

Independently of cases of purely idiopathic hæmoptysis, I ought to say, that there are people who raise blood under the influence of tuberculous disease, but in whom this disease remains stationary, in a latent state, when they are kept under good hygienic conditions. It is to be remarked that such patients give birth to children which usually appear to be phthisical before arriving at the age of the parents at the time of their birth. It is evident that

in this hereditary transmission the intensity of the disease is increased.

As to the frequency of hæmoptysis in pulmonary consumption, my observation of facts does not permit me to admit, as we read in M. Louis's book, that one half of those affected with this disease have bleeding from the lungs, while the other half do not. Cases of phthisis presenting this symptom are more frequent than those which do not. They stand as 75 to 55. Finally, although idiopathic hæmoptysis is more frequent among women than men, the contrary is true with regard to hæmoptysis produced by phthisis. Thus, among 130 phthisical patients submitted to my observation, 65 of either sex, there were 75 who had raised blood, of whom 45 were men and 30 were women.

I believe these remarks worthy of interest, as they serve to throw light upon a disease which it is important to recognize and combat at its very commencement by rational and appropriate treatment; while it is often exasperated by the administration of iodide of iron, which tends to produce hæmoptysis.

#### OBSERVATIONS ON THE USES OF VERATRUM VIRIDE.

BY ABR. LIVEZEY, A.M., M.D., LUMBERVILLE, PA.

[Communicated for the Boston Medical and Surgical Journal.]

ONLY eight years ago, Prof. J. K. Mitchell, in an introductory lecture, after remarking that we had scarcely an indigenous plant exactly like that of other countries, and therefore we might expect to find, among the weeds of America, many possessed of very valuable properties, said: "Up to this time, scarcely a vegetable article of *materia medica* has established for itself a fixed place on the shelf of the practitioner." Should this be so? In the old world countless vegetable medicines have been added, through accident or skill, to the *armamentum medicum*; and even on this continent, Mexico contributes her jalap, Peru her cinchona, and Brazil her ipecacuanha; whilst (continued Prof. M.) "the unimportant articles spigelia Marylandica and datura stramonium are almost the only peculiarity which we have as yet announced from our quarter of the continent." Wherefore is this? It lies with our most voluminous authors and aged teachers in our medical colleges, who, too ready to reject all "new remedies" as savoring of innovation, endeavor to fulfil all indications in the treatment of disease, by advising those remedial measures which have been transmitted to us by our medical grandfathers.

True, the medical virtues of many, very many of our indigenous floral articles have been, again and again, brought to the notice of the profession, by divers communications, by a few teachers and



some authors—especially Prof. Tully, who has paid much attention to the virtues of indigenous plants—yet I am confident that it is truthful to say of the body of my professional brethren, that they prefer “seeking after strange idols” introduced by Mr., M., Dr., or Surgeon So and So of the eastern hemisphere, in lieu of our own equally valuable articles bountifully supplied us on every hand, by our munificent Creator and Preserver.

I have been induced to preface, with these remarks, the introduction to the profession of the *veratrum viride*—a medicine long since subservient to them for remedial purposes, but one too much neglected by them for the good of suffering mankind. But why should we expect it to be otherwise, so long as such authors as Prof. T. D. Mitchell, in his (otherwise) excellent volume on Therapeutics, writes that this article is “seldom employed in practice . . . and not entitled to serious attention”; and even Prof. Dunglison says (*vide Therap.*, vol. ii., p. 194) “he has never prescribed it,” notwithstanding Prof. Tully “recommends it strongly as a substitute for colchicum.”

My experience and observation of the effects of the veratrum in morbid action, enable me to speak of it as one of the most certain (sedative) diaphoretics belonging to the *materia medica*; as an unsurpassed expectorant in all diseases of the respiratory organs attended with much febrile or inflammatory action, and where this class of agents are indicated; and as an invaluable *arterial sedative*, for which property it stands unequalled and unparalleled among all the therapeutic agents.

The preparation of the plant that I have used, is the fluid extract prepared by Tilden & Co., in the dose of five drops, increased till an effect is produced, and then diminished.

In inflammatory croup, pneumonia or pleurisy, after the administration (in bilious cases or complications) of hydrarg. chlorid. mit. with ipecac or jalap, of like quantity, repeated every half hour or hour, until catharsis with or without emesis is produced, its sedative and antiphlogistic powers are prompt—the arterial action is more *permanently* reduced than by the lancet; the further progress of the inflammatory process is subdued, expectoration is promoted, and a cure results often without the aid of other medicine.

The evidence of Drs. Tully, Osgood and Ware, several years since, proved that the veratrum was a most important addition to the *materia medica*, and one that deserved the attention of the profession. Since the promulgation of their experience, Dr. Norwood, of South Carolina, has published articles in the *Amer. Jour. of Med. Science* and in the *Southern Med. and Surg. Journal*, detailing its various properties, from actual experiments, and the success with it in the treatment of fevers: and in the February number of the *Western Lancet* are extracts from the report of Dr. Hutchinson, of Indiana, on the medical properties of vera-

trum viride, in the opening of which he says, from "the experience that we have had in the treatment of diseases with this article, we have been almost led to conclude that it is the *magnum donum Dei* of the materia medica to the human race"!

In inflammatory affections it is generally prescribed—that is, the saturated tincture (rad. verat.,  $\frac{3}{4}$  viij. ad alcohol, Oi.) in doses of five drops every two hours until emesis or diaphoresis is produced, which is not infrequently effected after the third dose. The directions, which are a safe guide, accompany the fluid extract of Tilden & Co. Mercurials are given as indicated, and the tincture of veratrum is continued, *pro re nata*, until the disease is subdued.

In conclusion, let me beg of the members of the profession to procure (and use) tincture or fluid extract of veratrum.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JAN. 26th.—*Digitalis in certain Affections of the Bowels.* Dr. WARE stated that he had found this remedy of great benefit in the following case. The patient was a woman who had suffered from dyspepsia, and had become somewhat reduced in strength by child-bearing. She had an affection of the bowels, which consisted in excruciating pain, coming on in paroxysms, together with diarrhœa and vomiting. The pulse was also extremely frequent, varying from 120 to 140. She bore opium badly. Dr. Ware, thinking that the quickness of the circulation might keep up the irritability of the system, ordered digitalis, and this remedy was continued until the pulse was reduced to 54 beats in the minute, where it was kept by the remedy for a considerable time, and the patient recovered.

FEB. 9th.—*Ovariotomy.* Dr. GAY read the case.

Mrs. B—, aged 54, a nurse, noticed a fulness in the lower part of the abdomen, on the *left* side, three years and a half ago. She was not aware at the time what it was, and did not suspect anything like dropsy, till it had enlarged so much as to pass over the median line to the right side, and made the whole of the inferior portion of abdomen more than naturally prominent. Her general health was not good, as for a number of years she had suffered from dyspepsia in one way or another, and particularly from frequent retching and occasional vomiting. At times, her greatest distress was from gas rolling about in the intestines and stopping at a particular spot; this caused a painful accumulation and distension, and was only temporarily relieved by hot gin and water, which produced frequent eructations of immense quantities of foetid gas, almost fœculent. She said she "had raised barrels full in the course of two or three hours." As the abdomen enlarged, the quantity of gas collecting was not so large, but the eructations were more frequent, and especially at night. During the last six months, the abdominal increase was much greater than at any previous period. Her breathing was but slightly affected. She mea-

sured around the abdomen, two days before she was tapped, forty-five inches. At that time, some hard spots of different sizes could be felt through the abdominal walls, above and below the umbilicus on each side, but, owing to the great distension, no certain diagnosis could be formed with regard to them. Thirty pints of a dark viscid, molasses-colored fluid were removed by the trocar and canula. After the tapping, a solid mass, that is, very hard to the touch, could be felt two or three inches above the umbilicus and on the left side, of the size of the fist. Also, just below the liver on the right side, could be felt something firm and deep seated, which was supposed to be connected with the main cyst. The walls of the cyst did not fall down apparently at all, and the indications were strong enough that firm adhesions existed, on the left side and at the median line, *above* the umbilicus. In the right iliac fossa, another hard mass could be detected, larger than the others and but slightly movable.

It had been the intention to let the canula remain in the cyst. But, as there were three portions in some way connected with the main cyst, made up probably of a series of small, closely-packed, separate cysts, or of something more solid, it was considered decidedly an unfavorable case for the canula treatment, a unilocular cyst being unquestionably preferable for a radical cure by the canula.

The canula was accordingly withdrawn.

In a few days the patient was up and about the room. The distress from the collection of gas soon returned, and was even worse than before. Her bowels were somewhat opened every other day, and the kidneys acted well. The cyst was refilling. The remedial measures were of no relief to her distress. In January, she begged for some operation to lessen her sufferings. The unfavorable nature of the case for an operation was stated fairly to her by Dr. Channing and Dr. Gay. She persisted in having something done. The adhesions and the firm mass in the pelvis were spoken of, and her reply was, "perhaps they will not be found so bad as we think they are."

The abdomen was now nearly as large as it was before the tapping, and her sufferings increasing daily. Scarcely any sleep was had by night or comfort by day. In her present condition she could continue to live but a short time. She preferred to die, rather than undergo such torture.

After carefully considering, the urgent necessity of some relief to the increasing severity of the symptoms, the inevitable result that would so soon follow if no operative measures were taken, her repeated entreaties on account of her sufferings, it was represented to her that the chances of a successful issue of a radical operation were very slight indeed, but that a small exploratory incision should be made, to ascertain the amount and extent of adhesions, and if it was found practicable the whole cyst should be removed.

*Operation, February 1st, 1857, 11 A. M.*

Some castor oil was given the day before. On the morning of the operation, nothing but liquid was taken. The temperature of the room was between 70° and 80°.

The patient being etherized and placed in the position for lithotomy, an incision was made extending downward three inches from the umbilicus. As soon as the cyst was fairly exposed, a straight catheter was introduced into the wound and passed easily around every part



of it, except on the anterior portion just above the umbilicus and a small spot just to the left of the median line. On further examination these adhesions were found to be slight, and they were broken down, without any trouble, with the catheter. No adhesion now remained, either laterally or anteriorly. The external incision was then prolonged downward three inches, the cyst was tapped, and twenty-eight and a half pints of a clear, white-of-an-egg-looking fluid was removed through the canula. The hand was then introduced into the abdominal cavity, and a large, firm mass was felt blocking up the cavity of the pelvis. On drawing the cyst out of the wound this mass came with it, and no adhesions were found except those that made the pedicle, which was thin, flat, and *eleven* inches long, involving the *right* Fallopian tube throughout its entire length. The pedicle was then embraced in four ligatures, the Fallopian tube was dissected away, and the whole cyst was easily removed.

It should be remarked that there was about a pint of ascitic fluid removed before the cyst was tapped. As there was no bleeding, the ligatures were drawn out of the abdominal cavity, and the external wound was brought together and retained by four sutures, with intervening strips of adhesive plaster. Water dressings were then applied, and a slightly compressing bandage. A pill, containing two grains of calomel and one of opium, was ordered to be taken every four hours.

The weight of the cyst was  $5\frac{1}{2}$  lbs.; weight of liquid,  $28\frac{1}{2}$  lbs.;—total, 34 lbs.

The greatest circumference of the cyst, when blown up, was  $43\frac{1}{2}$  inches; the smallest,  $36\frac{1}{2}$  inches.

It was a compound cyst. The hard mass that was felt above and to the left of the umbilicus, was made up of small cysts, varying in size from that of a pea to that of a marble. The mass in the pelvis was as large as an infant's head, and was also made up of cysts about the size of an English walnut. Nothing was found to account for the hardness felt just below the liver.

About three hours after the operation, the patient was raised up by the nurse and placed upon a vessel to pass water. Immediately, rigors came on, nausea, and a feeling of goneness and sinking at the epigastrium. Some hot gin and water relieved these symptoms. At 5, P. M., she was recovering from the effects of the shock, though the pulse was very feeble and wiry, being 116 per minute. Stimulants were directed, and one grain of camphor was added to each pill. The urine was drawn off by the catheter.

On Monday morning she was reported to have had a very quiet night, with some sleep; she was more comfortable. There was some thirst; no pain nor soreness of the abdomen. The skin was soft and warm, but not hot. Pulse 110, and stronger than on the previous evening. The tongue was slightly coated. There was some flatus in the arch of the colon. The rest of the abdomen was flat and soft. The wound looked well, and there was no sign of inflammation about it. The urine was drawn off. It was ordered to omit the calomel in the pill, and that spear-mint tea be taken for drink.

At 5, P. M., she expressed herself without a pain or an ache. The flatus was extending over to the left side. As yet it was not troublesome. The other symptoms were about the same as in the morning. The urine was drawn off every six hours.

On Tuesday, she was reported to have had a very comfortable night, and to have slept quietly three or four hours. She had been more free from pain than for several months. Pulse 110—stronger. Tongue about the same. Skin not hot nor dry. There was no pain nor soreness of the abdomen. There was flatus in the descending colon, and the rectum tube was passed up the bowel, but without relief. She raised wind from the stomach. She had not taken any pill since 4, A. M., as she had been perfectly quiet. Did not complain of anything. There had been no thorough operation from the bowels, and half an ounce of the fluid magnesia was ordered every four hours. During the evening the flatus increased very much. Some slight relief was had from hot gin and water with camphor. At midnight the distress from the collection of gas was very great. No relief was obtained from an enema or from the rectum tube. She complained of the want of air and the epigastric goneness. There was retching and occasional vomiting, of a coffee-colored fluid, about a tablespoonful in quantity. Stimulants and other measures were tried without effect.

On Wednesday, the nausea was less frequent. The countenance looked decidedly bad. The pulse was very feeble, and the patient was evidently failing, if not moribund. Carbonate of ammonia was given. The abdomen was tympanitic, but no where tense. Some flatus escaped through the rectum tube. The nausea and vomiting continued; and at 2, P. M., 74 hours after the operation, she died.

No post-mortem was permitted.

FEB. 23d.—*Ossified Fibrous Tumors of the Uterus.* Dr. JACKSON showed the specimens, which were from Dr. Collins, of Providence, who also furnished an account of the case.

The patient, E. F., was a mulatto woman, aged 59, single, of large and well-developed person, who had been an inmate of the City Asylum in Providence 23 years. Until within the last three months, she was only known to Dr. C. as a dull, feeble-minded woman, who had suffered more or less from incontinence of urine, a difficulty with which she had been troubled, even before her admission to the Asylum. About the first of November, she became more feeble, and took her bed. Dr. C.'s attention was now called to her, and at this time he first discovered the existence of a tumor, which he supposed to be uterine in its origin.

From that time she kept her bed, without decided symptoms of any kind, and without any special treatment, further than an occasional laxative. There had been considerable œdema of the legs, particularly of the left, some time before her death, which took place Jan. 31st.

At the *autopsy*, there was found attached to the uterus, which was small, a large fibrous tumor (one of the specimens referred to), of the size of the two fists, and ossified throughout, hanging into the cavity of the peritoneum. Another smaller tumor was also found attached to the uterine peritoneum, also upon the right side, about midway between the umbilicus and the superior spinous process, having been detached with a portion of that membrane adhering. This tumor, like the other, having been sawed open, was found to be ossified throughout. It was about the size of a pullet's egg. These tumors consisted of phosphate and carbonate of lime. Dr. JACKSON found 42 other uterine tumors of various sizes, which were not ossified. The *liver* was

small and fatty. The *cortical substance* of the *kidneys* appeared atrophied and granular. The other organs were healthy.

FEB. 23d.—*Fusion of the Contiguous Surfaces of a Loop of the Umbilical Cord.* Dr. ELLIS showed the specimen, which was received from Dr. Salter, and gave a brief history of the case. The patient was 28 years of age; she stated that she menstruated towards the end of April, 1856. Between that time and May, she thinks that she became pregnant, and afterwards had the usual signs of pregnancy. In August she felt the motions of the child; and about the middle of the same month had some flooding, which lasted twenty-four hours, when it ceased, and did not return. Though in pretty good health, she felt a sensation of cold in the lower part of the bowels, and of dragging in the loins, and occasionally a little chilly. No farther enlargement took place. The *fœtus*, with the placenta attached, was expelled on the Tuesday before the meeting. The placenta was somewhat fibrous, being more dense than usual, and contained a good deal of fat and granular matter. An older sister had the same accident (as regards the blighted ovum), some years previously, though there had been no hæmorrhage, nor any apparent cause to account for it. Fusion was also found to have taken place between the contiguous surfaces of a loop formed by about the middle half of the umbilical cord, the line of demarcation between the two being sufficiently distinct. At one point near the extremity of the loop, the two portions were separate.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 19, 1857.

### THE SANITARY COMMISSION OF 1853 AND THE CITY OF NEW ORLEANS.

WE have at different times adverted to the labors of the above Commission, and noticed their voluminous and valuable Report at length. The appearance of a new edition—the third—of Dr. E. H. Barton's portion (and which constitutes by far the largest part of the volume), and certain circumstances, lately divulged, though of some two years' standing, induce us to return once more to the subject.

We need only say of the third edition that some 70 pages of new matter are added, chiefly in the shape of prefatory remarks; and that not the least important feature of these is the correction of erroneous opinions and statements, relative to Dr. Barton's views, and which have appeared from time to time in medical and popular journals. We are glad to remark the great pains taken by Dr. Barton to set these, and other matters of minor importance, right; the long list of *errata* bears testimony to a faithful scrutiny of the pages.

Having long since discharged our bibliographical duty, and with much pleasure testified to the worth of the facts accumulated by the Commission, we regret that a less agreeable phase of the subject remains to be presented.

The Commission entered zealously upon their duties, and performed them well; it was not supposed that their time, toil and other outlay were to be *given* to the city their labors so much benefited—or *sought* to benefit. The municipal government stood pledged to remunerate



them in the items named—more, they did not ask. How stands the matter, now? Thus—two years, at least, the claim has been pending, acknowledged, promised indeed, but is deferred, and in fact virtually denied—so that, wearied by the delay and shuffling, *a suit* against the city of New Orleans has been instituted by the Commission.

The venerable adage that “corporations have no souls,” seems to find full verification in this instance. The necessity to which these gentlemen have been driven, to recover merely what is *owed*, redounds to the everlasting shame of the city government. What does it matter if the labor was undertaken under another administration? The debt is fully as just and incumbent upon the present one. If only looked upon as a debt of honor it disgraces the municipal body to whom it has descended as a trust, not to discharge it at once—not, indeed, to have done so long since. And now, what is the amount of this claim for services which required so much time, such distraction from private business, so great an amount of thought, manual labor in writing, and we believe no little pecuniary expenditure—to say nothing of physical exposure and fatigue? Why, the *six* Commissioners laid their claim at \$15,000—to be divided amongst them. That is an *immense* sum for a rich city to pay, for the work done, indeed! We do not know how the sum is to be divided—but supposing it to be done equally, it would give each Commissioner \$2,500 for his services. We will leave it to those who know what the work has been, to judge of the propriety of the demand. For ourselves, we think it very reasonable and modest.

If the city of New Orleans, after soliciting the Commission, and putting their mayor at its head—after getting the onerous and somewhat foul job well done, fails to perform its part—the only part it could do—honestly and promptly to pay a reasonable charge, its position is simply a contemptible one.

We cannot blame the Commission for seeking restitution by legal process—that they are compelled to do so, is paltry.

It is high time that the *public* services of our profession should be suitably estimated—since those in private life are too generally undervalued. Legal advice, often given with infinitely less amount of mental and physical labor, is at once fully and fairly remunerated—as indeed it should be. Are the services of the physician of less value in preserving public health, than the counsellor’s in maintaining public rights or preserving public property? We trust that the issue of the pending suit will establish a precedent which, though it point to a blot on the southern city’s escutcheon, will be a guide in all future similar emergencies, and assure to professional labors a proper estimate and a just remuneration.

---

#### LATIN PRESCRIPTIONS.

OUR cotemporary, the *Virginia Medical Journal*, in an article with the above heading, recommends the abandonment of the use of the Latin language in writing prescriptions, in order to avoid the danger of mistakes by those who are unacquainted with that tongue, and instances the late fatal event in Baltimore, where both the patient and the apothecary were destroyed, in consequence of an error on the part of the latter in substituting one drug for another. In the case alluded to, however, it is evident that the error could not have been

caused by the fact that the prescription was written in Latin. The apothecary intended to dispense the medicine prescribed, but accidentally substituted another for it; when charged with the fact, so confident was he that he had followed the directions given, that he was willing to swallow the draught himself, to prove its harmless nature. The melancholy catastrophe shows that he was ignorant of medicine rather than of Latin, and furnishes another instance of the importance of a thorough education to those who undertake the responsible business of pharmacy.

There are but few physicians, at least in this country, who can properly be said to employ Latin in writing prescriptions at the present day. It is true that a great many symbols are employed, which if written in full would be Latin words, but they are mere symbols, and are not only convenient, but being universally understood, are quite as safe as if the corresponding English terms were employed. The directions to the apothecary are generally written in English, except the most common expressions, for which abbreviated Latin words are still used, and will probably long continue to be so, on account of their convenience. Thus, the terms *ft. pil. vi.*, are so much more quickly written than the words "*make six pills*," that it is not likely they will be soon abandoned; and as they are no more liable to be misunderstood than if expressed in the vernacular, there seems to be no reason for a change.

We entirely agree with the Virginia Journal that the English language ought to be employed, except where the use of symbols is not only more convenient, but really less liable to cause an error on the part of the apothecary. The directions to the latter ought always to be written in the plainest and simplest words. There is no longer any propriety in resorting to a dead language for the sake of conveying ideas which can be much more intelligibly expressed in the native tongue. The French have long ago abandoned it, but the English still cling tenaciously to the Latin, and hence their recorded cases present a jumble of two languages.

Our cotemporary suggests that the American Medical Association should recommend to the profession "a simple, uniform and *distinct* mode of prescribing," "discarding every unnecessary technicality, and using the most familiar expressions." The idea is a good one, and we hope it will be acted on at the approaching meeting of the Association.

---

#### COMMENCEMENT AT THE MASS. MEDICAL COLLEGE.

On Wednesday last the degree of M.D. was conferred on seventeen gentlemen, at the College in Grove St., in the presence of the Board of Overseers and Corporation of the University. The exercises were commenced with a prayer from President Walker, after which several of the graduates read their theses. The degrees were then conferred by the President, and the ceremonies were closed by an interesting and eloquent address by Prof. J. B. S. Jackson. A large number of gentlemen, both physicians and others interested in scientific pursuits, attended, and all seemed gratified at the interesting character of the services. In the evening the Faculty of the College, with the students and a large number of invited guests, assembled at the Tremont House, and partook of an elegant entertainment. The lecture-term has been

a successful one in more respects than the mere acquisition of medical knowledge—its chief object. The pleasant feature of occasional social meetings, at which the most gratifying harmony and agreeable interchange of feelings took place between professors, students and invited guests, is well worthy of remembrance and perpetuation.

*Death of Dr. Kane.*—We would call attention to the leading article in to-day's Journal, which furnishes an interesting account of the last few days of this distinguished man. The phenomena of disease were carefully noted by the writer, who was fortuitously present. So much feeling has been expressed at the loss sustained, by our country especially, in the death of Dr. Kane, that these few notes will have an unusual value. Medical science may fitly pay its tribute to the memory of one, who, whilst his brightest laurels sprang from other sources, has yet his triumphs recorded within its own domain.

*Castleton Medical College.*—In our last issue, the advertisement of the Castleton School should have contained the name of Prof. Albert Smith, as occupying the chair of *Materia Medica*, instead of that of Prof. Joseph Perkins. It will be seen, by that advertisement, that the chairs are all filled and the school in operation, notwithstanding rumors to the contrary have been circulated.

THE vacancy occasioned in the Navy by the death of Dr. Kane, has been filled by the appointment of Delavan Bloodgood, of New York, as passed assistant surgeon.—The annual meeting of the Michigan State Medical Society will take place at Ann Arbor on the 26th inst.—Dr. Wm. Farr, well known as the medical Registrar-General in England, has been elected honorary member of the Royal Medical and Chirurgical Society.

*Health of the City.*—There was quite a falling off in the number of deaths recorded during the past week, 64 having been reported, in place of 70 of the previous week. The deaths by scarlatina continue to diminish, having been two less than in the last report. We notice but one death from pneumonia, a striking contrast to the state of things in the corresponding week of last year, during which 12 fatal cases were reported. The total number for that week was 80.

ERRATA.—In the last number, page 111, line 11, for "of course was, around," read *of course, around*; last line, for "on this depends," read *this depends on*.

*Communications Received.*—A Few Remarks upon the Treatment of Asthma.—Weights and Measures: Books and Pamphlets Received.—Clinical Lectures on Certain Diseases of the Urinary Organs and on Dropsies. By Robert Bentley Todd, M.D., F.R.S., &c. (From the publishers.)—Dr. Alexander B. Mott's Surgical Operations, series No. 1. (From the author.)—Second Annual Report on the Births, Marriages and Deaths in the City of Providence for the year ending Dec. 31, 1856. By Edwin M. Snow, M.D., City Registrar.—Dr. Welch's Address to the Candidates for the Degree of Doctor in Medicine in the Medical Institution of Yale College.

DIED.—At Newcastle, West Chester Co., N. Y., Dr. Joshua W. Bowron, 69.

*Deaths in Boston* for the week ending Saturday noon, March 14th, 64. Males, 30—Females, 34—Accident, 1—congestion of the brain, 2—cancer in the uterus, 1—consumption, 15—croup, 2—dropsy, 2—dropsy in the head, 3—debility, 4—infantile diseases, 5—puerperal, 2—erysipelas, 2—scarlet fever, 8—epilepsy, 1—disease of the heart, 1—intemperance, 1—inflammation of the lungs, 1—congestion of the lungs, 1—marasmus, 1—old age, 1—pharyngitis, 1—disease of the spine, 1—neuralgia, 1—pleurisy, 1—worms, 1—unknown, 5.

Under 5 years, 24—between 5 and 20 years, 8—between 20 and 40 years, 19—between 40 and 60 years, 5—above 60 years, 8. Born in the United States, 43—Ireland, 13—other places, 8.



*Massachusetts Medical College.*—The following is a list of the gentlemen who received their medical degrees on the 11th inst., with the subjects of their dissertations.

Benjamin Campbell,  
Arthur Harris Cowdry,  
James Dickson,  
William Gray Disbrow,  
John Moses Emerson,  
George William Kittredge,  
John Hancock Kimball,  
Thomas Walter Leach,  
Deodat Mignault,  
Seldon Fletcher Neal,  
Leonard Edmund Richardson,  
Lucius Manlius Sargent,  
Alexander Doull Sinclair,  
John Davidson Taylor,

Austin White Thompson,  
William Abrams Thomson,  
Anton William Tjader,

*Peritonitis.*  
*Counter-irritation.*  
*Auscultation.*  
*Influenza.*  
*Natural Labor.*  
*Tubercular Meningitis.*  
*Death.*  
*Tetanus.*  
*Scarlatina.*  
*Measles.*  
*Typhoid Fever.*  
*Simple Erysipelas.*  
*Gangrene of the Lungs.*  
*The Effect of Alcohol upon the Human System.*  
*Puerperal Peritonitis.*  
*First and Second Dentition.*  
*Bilious Remittent Fever.*

D. HUMPHREYS STORER,

Dean of the Medical Faculty.

March 12th, 1857.

*Bristol (Mass.) District Medical Society.*—The annual meeting of this Society was holden in Taunton, on Wednesday, the 11th inst. The following officers were elected for the current year: Dr. Thaddeus Phelps, of Attleboro', *President*; Dr. Benoni Carpenter, of Pawtucket, *Vice President*; Dr. Charles Howe, of Raynham, *Secretary and Treasurer*; Drs. James B. Dean of Taunton, and John R. Bronson of Attleboro', *Librarians*; Drs. Thomas G. Nichols of Freetown, John-son Gardner of Pawtucket, Lloyd Morton of Pawtucket, *Censors*; Drs. Benoni Carpenter of Pawtucket, Dan King of Taunton, Joseph D. Nichols of Taunton, *Councillors*; Drs. Ira Sampson of Taunton, Thomas G. Nichols of Freetown, Johnson Gardner of Pawtucket, Charles Howe of Raynham, *Delegates to American Medical Association*; Dr. Dan King, of Taunton, *Commissioner on Trials.*

Raynham, March 13th, 1857.

CHARLES HOWE, *Secretary.*

*New York College of Physicians and Surgeons.*—The commencement exercises of this institution took place Thursday evening, 12th inst. After the Dean had read the names of the graduates (37 in number), Dr. Edward Delafield, Vice President of the College, conferred the diplomas, and delivered a brief address to the class. About one half of the graduates, as we perceive by the New York Times, belong to the State of New York, and five to the New England States.

*Case of Trial for Malpractice.*—In a trial for malpractice in Tennessee, in October, 1855—the first case of the kind in a Tennessee Court—the plaintiff was awarded damages to the amount of \$1000. A motion for a new trial was overruled, and an appeal was then made to the Supreme Court of the State, but the bench of judges have recently affirmed the judgment of the lower court. The plaintiff in the case was Nicholas Clapp, who by a fall from his horse, in 1854, fractured one of the bones of the fore-arm and dislocated the other at the wrist. Dr. Joseph R. Wood was the defendant, who it appears was in attendance upon the case only long enough to set the bone, as he supposed he did, and reduce the dislocation—another physician being called in the next morning. This latter physician died before the trial came on. At the time of the trial the dislocated wrist bone protruded, the fractured bone was not united, the hand was twisted in toward the body, and the whole arm was withered.

THE American Association for the Advancement of Science holds its session this year in Montreal, on the 12th of August. Arrangements are making for free passages, across the Atlantic, of thirty or more distinguished European savans, and invitations have been sent to two hundred and fifty. Prof. Bailey, the President for this year, died lately at Albany.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. LVI.

THURSDAY, MARCH 26, 1857.

No. 8.

---

## STRAMONIUM IN PUERPERAL CONVULSIONS.

[Read before the Boston Society for Medical Improvement, March 9th, 1857, and communicated for the Boston Medical and Surgical Journal.]

BY R. H. SALTER, M.D.

CONVULSIONS, whether preceding, occurring at the time of, or following, labor, are the most frightful complications that attend the puerperal state; and it is a question whether the various views entertained respecting their pathology have yet indicated to us the most discriminating and rational method of treatment. It is said by nearly all writers on the subject, that the practice of large bleeding, carried to the extent of sixty or seventy ounces and even more, in the course of a very few hours, together with other evacuants, as cathartics and emetics, and in some cases the application of epispastics to the shaved head, are the most reliable means of treatment we can employ, and, compared with those employed by our predecessors, infinitely more successful. These, including artificial or forcible delivery, are considered the first and last things to be done in puerperal convulsions. The chief reliance is upon large bleedings. This is considered the sheet anchor of hope. No exceptions are made, and no account is taken of the condition of the patient as respects her general state as indicated by the fulness and strength or weakness of action of the circulating system. The simple fact of the existence of convulsions is considered a sufficient reason for commencing the process at once. It is perfectly obvious that this course of proceeding is altogether empirical, and that the practitioner is working at hap-hazard, without a single principle to guide him in this particular.

It may be well to refer, in this connection, to a supplementary method of proceeding, in certain cases, which seems to cap the climax of this empirical practice. When the *usual remedies*, as bleeding, warm baths, &c., have failed, the neck of the womb is incised sufficiently to allow, in head presentations, the introduction of the forceps when practicable, or the hand for the purpose of turning. Four incisions are generally recommended. This method

has obtained considerable favor in France, and I believe has the sanction of Prof. Simpson, of Edinburgh. The objection to it is not simply that it is unscientific and cruel, but because, if successful, it unnecessarily risks the superinduction of further difficulties, both immediate and prospective. The immediate, comprise hæmorrhage, morbid inflammation, long and tedious confinement. The prospective, comprise the difficulties to be overcome at the next period of labor (if the woman should again conceive), arising from the cartilaginous cicatrices of the previous incisions and attendant lacerations, and the increased predisposition to disease, malignant or otherwise, of the uterus—*arte, non vi*.

There are many other special remedies which have been recommended for the treatment of puerperal convulsions; the latest, as far as I am informed, are the anæsthetic agents. It is not my present purpose, however, to enter upon any discussion of the various remedies referred to, or even to speak particularly of those rules and principles which should guide us in the application of remedial measures, or direct us in deciding the question of artificial delivery. I shall limit myself to giving a summary of a few cases which have occurred under my own observation, in which a method of treatment will be suggested that in my view is far more eligible than those to which I have alluded.

In reference, however, to the practice of large bleedings, &c., it is not enough to say that the patient has recovered. We want to know the form of convulsion in which it is practised, and the effects of such treatment upon the future health of the individual. I cannot believe, even if the patient does survive the remedial process, that such enormous bleedings—so large in some instances that there is not *pabulum vitæ* enough remaining to feed a convulsion—can be practised without imminent peril to life, or in some way impairing the constitution and laying the foundation for future disease and suffering.

CASE I.—Mrs. J. S., aged 23 years; first pregnancy; of a slender form and delicate constitution; was delivered of a living child in the evening of Oct. 7, 1841, after a perfectly natural labor of twenty hours' duration. She recovered slowly but favorably until the evening of the 18th, when, without any apparent cause, she was seized with a violent convulsion of an epileptic character. Her tongue was badly wounded during the first fit. The fits recurring, and no contra-indicating symptoms forbidding, half an ounce of the tincture of stramonium was administered at a single dose. In about twenty-five minutes the pupils of the eyes began to dilate, indicating the constitutional effects of the medicine, and the convulsions ceased. Her recovery was imperfect, there remaining partial paralysis of the right side of the body, which affects her somewhat to this day.

CASE II.—Mrs. J. B., aged 20 years; first pregnancy; short,



rather stout, and of thick-set form; was taken in labor at expected time, about 3 o'clock, A.M., Nov. 12th, 1844. Labor progressed naturally and regularly until near 11 o'clock, P.M., same day, at which time, while the head was passing the superior strait, she was seized with strong convulsions of the common sort. These fits recurred several times, at intervals of from fifteen to twenty minutes. Labor pains were not entirely suspended, though they were far less effective than previous to the attack—and a fit would seem occasionally to be excited by the access of a pain. I administered to this patient half an ounce of the tincture of stramonium, nothing contra-indicating, in conjunction with the tincture of ergot. Only one convulsion occurred after the medicine was taken, and the woman was safely delivered of a living child at 2 o'clock and 10 minutes, A.M., of the 13th. The patient remained in a state of partial coma after the second fit, and continued so after the delivery until the next morning. Both mother and child did well.

CASE III.—Mrs. E. C., aged 28 years; first pregnancy; of a sanguineo-nervous temperament and delicate habit of body; was taken in labor at expected time, about 2 o'clock, A.M., July 5th, 1850. The labor progressed favorably until 9 o'clock, P.M. At this time the head of the child was passing the superior strait, and pressing somewhat on the perinæum. Suddenly, and without warning, she was now seized with strong convulsive movements of an hysterical character, gradually assuming the form of a moderate degree of opisthotonos. After delaying an hour, and seeing no progress in the labor or improvement of the convulsive action from common means—as dashing cold water in the face, &c.—I administered half an ounce of the tincture of stramonium in conjunction with the tincture of ergot. In half an hour the convulsive action entirely ceased, and she was delivered at half past 11 o'clock, of a living child. Both mother and child did well.

CASE IV.—P. D. C., aged 20 years; first pregnancy; had been six months married, and was at the eighth month of gestation. She was rather short, robust, of a thick-set form, full habit, and of sanguine temperament. Nov. 16th, 1850, had slight uterine hæmorrhage, which continued very moderately about one week. On the evening of Nov. 28th, having returned to the city after an absence of two days, I found an urgent summons to visit this lady. On arriving at the house, I was informed by a physician in attendance that she had been in convulsions about thirty-six hours; had been bled to the extent of between four and five pounds, and that she was getting worse every hour, the convulsions quite as violent and more frequent; the intervals at this time varying only from ten to fifteen minutes. The physician, exhausted by his previous attendance, left the patient entirely to my care. She was the most deplorable and pitiable object I ever beheld. Her face was terribly swollen and livid, the tongue protruding from between the

teeth, swollen and dreadfully lacerated, and bloody froth pouring from her mouth; respiration deep, labored and stertorous; the pupils of the eyes, as well as I could judge, preternaturally contracted; the pulse thready, weak, and so rapid as not to be counted; total inability to swallow, together with complete stupor or entire unconsciousness. In such a state of things one might well despair. Before the messenger returned from the druggist's, she had two convulsions. They were of an epileptic character, and extremely violent. There was no certain sign of labor having commenced. The os uteri was quite closed, though the cervix was obliterated, and the uterus itself had subsided considerably into the pelvic cavity. As the patient was unable to swallow, ten drachms of the tincture of stramonium were administered by enema. She had one convulsion within five minutes after the injection, and this was the last. In twenty-five minutes the pupils of the eyes were partially dilated, and within an hour the patient was comparatively quiet. Directions were given to administer diluted wine or brandy and liquid nourishment, beef tea, gruel, &c., as soon as she could swallow. At this time, also, I made a careful examination with the stethoscope to determine the life or death of the child. Discovering no signs of life, I directed turpentine injections to be given every four hours—both as a stimulant for the general system, and to excite uterine action. On the next morning, the 29th, I found the patient somewhat improved; had been able to swallow a little, though with considerable difficulty. Labor had also commenced, the os uteri being dilated to the size of a quarter of a dollar. She was delivered of a small, dead child, about 3 o'clock, P.M., of the 30th. Her consciousness did not return until the 3d of December. She had no recollection of anything that had transpired since the commencement of her illness. She recovered rapidly and fully—but never has been as robust as before this attack, and becomes much more easily exhausted on exertion.

CASE V.—Mrs. J. R. B., aged 33 years, was in her fifth pregnancy. Temperament bilious, tall, and of a delicate habit of body. Previous pregnancies perfectly natural, the fourth being twins. This woman was taken in labor at expected time, about 12 o'clock, M., March 17th, 1852. Slight uterine pains continued very regularly until near 6 o'clock, P.M., when she was seized with an intense pain in the right temple, the labor pains ceasing at the same moment. I was now summoned to visit her. I found her dull, heavy and indisposed to answer my questions; and when she did answer, there was some rambling and incoherency in her replies. Pulse preternaturally slow, but otherwise quite normal. Skin natural. Os uteri soft and very dilatable. Made gentle traction to induce labor pain, with the hope of relieving the head, and with success. Soon discovered that the feet presented. Ute-

rine action re-commencing. Moderate pains continued to recur every ten minutes, with perfect regularity. While these lasted, all the unfavorable symptoms disappeared. At the end of about two hours, the intense headache returned, accompanied with the like symptoms as before mentioned. I again used traction, with the same result as at first. In about half an hour, however, from this, she gave a sudden shriek, and was immediately extended full length upon the bed in one intense spasm, running into opisthotonos, evidently of an hysterical character. These fits recurring frequently, and the intervals being so filled up with disquiet and jactitation as to prevent my rupturing the membranes and bringing down the feet, I administered half an ounce of the tincture of stramonium. In less than half an hour the convulsive action ceased, and the patient became quiet. I then ruptured the membranes, brought down one foot, and managed the case as if no complication had existed. Both mother and child did well.

CASE VI.—Miss J. M., aged 19 years; first pregnancy; unmarried; rather short, stout, of thick-set form and robust constitution; was taken in labor, at full time, 10 o'clock, P.M., June 20th, 1854. Labor progressed favorably and naturally for fifteen hours, when, at the time the head was passing the superior strait, she was seized with violent convulsions of the common sort. Uterine action was not entirely suspended, but with nearly every return of pain a fresh convulsion occurred. Half an ounce of the tincture of stramonium was administered in conjunction with ergot. One fit occurred within ten minutes after the medicine was given. There were no more fits until after delivery, which was accomplished at about 4 o'clock, P.M., of the 21st; the child living. The mother remained quiet and in a state of partial coma about four hours, when she was again seized with convulsions. Finding that the pupils of the eyes presented almost their normal size on exposure to light, I administered five drachms of the tincture of stramonium. She had a fresh fit soon after the medicine was given, and this was the last. Both mother and child did well.

I might have added to the number of cases treated in this manner and with equal success, by relating those which I have visited in consultation, but I will not detain you, excepting to say that the common and hysterical forms of puerperal convulsions will tolerate, and for the most part do well, under almost any rational and judicious treatment. Still, in these forms I consider the treatment with stramonium as far preferable. It is in the epileptic form, the most frightful and formidable of all puerperal convulsions, that the common treatment is most likely to fail; and if perchance it should not fail, it is replete with peril, not only immediate, to life, but also to the future health of the individual. It is in this form that the comparative value and power of stramonium to control spasmodic action is most strikingly exhibited.



There are cases, undoubtedly, in which all the symptoms taken together, would not only justify but require that a moderate bleeding should be premised as a *preparatory* measure; as, for example, where we find, during the interval of the fits, by the state of the pulse, the evidence of phlogistic action in the circulating system. Ergot and turpentine, also, will be found very necessary adjuvants for fulfilling certain indications, and other articles might be mentioned; but in no case are any of these, remedies *per se* for convulsions. I consider the tincture of stramonium, properly administered, when there are no contra-indicating circumstances, as a *sine qua non* for the speediest, safest and most uniformly successful relief of puerperal convulsions.

The two following cases will show that stramonium is as promptly effectual for the relief of the simple forms of convulsions, as for those complicated with the puerperal state.

CASE I.—J. R., 17 years of age, had had indifferent health for more than a year, at times, however, suffering considerably from neuralgic or rheumatic pains in the chest, particularly in the cardiac region—at other times in the abdominal muscles, and in his limbs. At these periods of special suffering he was confined to the house, and sometimes to his bed. One of the worst turns of this sort occurred in December, 1856. At this time the abdominal muscles and the intestines were the principal seats of pain, though the muscles of the chest and the heart were somewhat implicated. In the commencement of these paroxysms the impulse of the heart was always preternaturally strong, and the sounds loud. The pulse, besides being preternaturally frequent and irritable, had a peculiar irregularity in its beat, without corresponding action of the heart. Each stroke of the pulse was attended by three or four spasmodic twitchings, or quiverings, giving a sensation somewhat like a clonic spasm of a muscle of the eyelid, called nictitation. At one time this peculiarity of the pulse would subside within twenty-four hours—at others continue two or three days—but invariably as soon as the pain in the cardiac region was relieved. About midnight of the third day after this last attack, December 7th, he was seized with a convulsion, lasting a very few minutes. During the same night and following forenoon, he had seven or eight fits. They were of the common sort. At noon of this day, December 8th, I directed one drachm doses of the tincture of stramonium to be given every fifteen minutes until four or five doses were taken, and then to suspend. There were no more convulsions until the forenoon of the 9th, when he had another fit. The stramonium was then repeated as before. He had another fit late in the afternoon of the 10th. The same plan was again repeated with the stramonium, with the additional direction, however, that after the fourth dose it was to be continued at an interval of four hours. On the 11th the pupils of the eyes were fully dilated. The stramonium was

now omitted, and the protoxide of zinc and opium, in the proportion of ten and one grains respectively, was administered daily. The boy had no more convulsions after the one on the 10th. The zinc and opium were continued several weeks. At the present time he is in better health, and feels more vigor, than for nearly eighteen months.

CASE II.—Miss —, 24 years of age, had uniformly enjoyed good health. I visited this patient in consultation late in the evening of January 13th, 1857. She had been in convulsions about thirty-six hours. At first view, the case appeared to be one of tetanus. It was certainly a very striking counterfeit. The opisthotonos was perfect, the woman resting upon her heels and head, and forming a complete arch. After three or four successive paroxysms of this form, there occurred emprostotonos. After as many paroxysms of this form, opisthotonos recurred—thus alternating from the one to the other. The paroxysms were violent, and the spasms intense. It was soon evident, however, from the history of the case and some attending symptoms, that the convulsive action was of an hysterical character. The attending physician had previously formed this opinion. I advised the use of the tincture of stramonium in half ounce doses. If the first dose did not relieve the patient within half or three quarters of an hour, to repeat in the same quantity. I learned from the attending physician, afterwards, that he administered the medicine himself as advised, and awaited the result. In less than half an hour after the medicine was given, the convulsive action ceased, and the woman became perfectly quiet, fell asleep, and did not awake until next morning, when she rose feeling perfectly well, experiencing no inconvenience whatever from the disease or the medicine.

I will simply remark, in conclusion, that I am inclined to believe that many of the cases reported as tetanus are only counterfeits of this disease. I judge so from the treatment which is said to cure them. An elephant is not easily slain with a pop-gun, and one would hardly think of using a cannon to kill a fly.

DR. EDWARD BROWN-SEQUARD'S EXPERIMENTAL AND CLINICAL RESEARCHES APPLIED TO PHYSIOLOGY AND PATHOLOGY.

[Continued from page 115.]

§ XII. In many of the preceding parts of this paper I have strongly insisted on the influence of the aura epileptica, or of a peculiar kind of irritation of the peripheric nerves, as causes of epileptic fits. I must now show that I was right in this respect.

Herpin, in his important work which I have so often quoted (*loco cit.*, p. 421), tries to prove that the phenomena of the aura epileptica are nothing but the result of a cramp in one or in more

muscles, and that this cramp is the first convulsion of the attack. The same view had already been proposed by Prichard, who says that the aura generally is "a convulsive tremor commencing in a limb" (*A Treatise on Diseases of the Nervous System*, Part first, 1822, *Note*, p. 88-89). Herpin has gone farther, and tried to prove that this is always the case. He thinks that the aura epileptica, or, in other words, the first cramp, depends upon a change in the nervous centres, and that the seat of the aura varies according to the place where the change begins in these centres. The cause of the attack, therefore, is in the cerebro-spinal axis, and the aura is only a manifestation, an effect, of this cause, and, in consequence, cannot be considered as a cause of the fit.

This theory implies that the so-called sympathetic epilepsy does not exist; it is a denial of the peripheric origin of epilepsy.

I cannot understand such a denial, because I think there cannot be any doubt as regards the existence of the sympathetic epilepsy, when we take notice of the immense number of cases of this disease in which it has been produced by wounds or blows in various parts of the body, by neuromas, or other tumors, by dentition or decayed teeth, by foreign bodies, by worms, by calculi and other concretions, by diseases of the skin or of the trunks of nerves, &c. I will merely refer to the works of Portal (*loco cit.*, p. 155-185, p. 204-214), Esquirol (*loco cit.*, vol. i., p. 297-305), Delasiauve (*loco cit.*, pp. 217 and 253), and Romberg (*Nervenkrankheiten*, 3d ed., 1855, vol. i., part 2, pp. 689 and 700), where a great many such cases are reported.

When I treat hereafter of the nature and seat of epilepsy, I will try to show that almost always, if not always, there is in this disease an increased degree of the reflex excitability of the cerebro-spinal axis, and that epilepsy seems to consist mostly in this increased excitability. When a wound, or any of the known causes of the sympathetic epilepsy, produces this affection, it does so principally, if not only, by increasing this reflex excitability. I will show also, hereafter, that there are two distinct influences belonging to the various causes of the sympathetic epilepsy: by one, they produce the disease, or rather, the principal element of the disease, *i. e.*, an increase of the reflex excitability; by the other, they produce the fits. I refer, I repeat, to the writers I have just quoted, for facts proving that they may produce the disease, and I will now only try to show, in opposition to the theory of Dr. Herpin, that they often cause the fits. I will also try to show that many kinds of felt or unfelt irritation of the sensitive nerves of the skin, or of the muscles, have the same power.

A great many facts are opposed to the view that the aura results always from a cramp. In the first place, if this view were true, the sensation of the aura should always be felt where there are muscles, and not in those parts, such as the fingers, toes, skin, mammæ,



testicles, ears, &c., where there are no muscles, and where, therefore, there cannot be any cramp. In taking notice only of cases reported by Herpin himself, in his learned historical account of the aura epileptica, we find that in a number of them the aura originated in the following parts: the little finger (two cases, one by Brassavola, the other by Hollier); the thumb (one case by Bouchet and Cazanvielh); a finger (one case by Faventinus); the big toe (four cases—two by Tulpus, one by Sylvius, and one by Portal); a cicatrix on the foot (one case by Puérari); all quoted by Herpin (*loc. cit.*, pp. 393, 394, 395, 398, 416 and 417). I might have given a much longer list by taking facts from other writers, ancient and modern. There are also many facts in opposition to the view of Herpin, in his own work, some of them observed by himself. There are cases in which there was a cramp, but, at the same time, a pain in parts where there was no cramp, and it is remarkable that the patients complained of this last pain only. So it was particularly in two cases observed by Herpin himself (Case xi., p. 70; and Case xix., p. 134).

If the view of Herpin were true, the sensations of the aura epileptica should be always the same, and always those of a cramp. Instead of such a thing, it is well known that these sensations vary extremely, and that they are described as a feeling of tickling, formication, burning, cold, &c. It would be easy to give a long list of cases in which these sensations have existed. Romberg, who admits two kinds of aura, a sensitive and a muscular one, says that the sensitive aura, in some of his patients, consisted of a feeling of formication in the extremities of the fingers and toes, and in others a tickling sensation around the mouth (*loco cit.*, p. 674).

Herpin says (p. 421–422), that he partially believes that epilepsy has been cured permanently or temporarily, and that the fits have been prevented, by stretching the limbs, frictions, ligatures, section of nerves, cauterizations, extirpation of parts, amputations, &c. These facts are certainly in direct opposition to his theory, and he feels much embarrassed about them. He tries, nevertheless, to show that there is no contradiction between his doctrine and these facts. His reasoning in this respect can prove only one thing, which is, that almost all the successful modes of treatment above enumerated are very powerful to diminish or prevent a cramp. But Herpin does not show how or why the prevention of a cramp cures epilepsy. Certainly it ought neither to cure the disease, or even to prevent the fit, as, according to the theory, the cause of the fit is in the nervous centres, and the aura, or first cramp or convulsion, is nothing but one of the effects of this cause. Of course, a cause is not destroyed, or rendered unable to act, because one out of many of its effects is annihilated. Herpin, very likely, has been aware of this inefficiency of his theory, as he tries to show—1st, that besides cauterization, in some cases powerful remedies have

been employed; 2d, that he considers as doubtful some of the cases of cure by the extirpation of a tumor; 3d, that some operations have cured, for the same reason that fever and ague, typhoid fever, variola, &c., have.

I am surprised to find this last argument employed by Herpin, as there is nothing similar in the various operations performed for the cure of epilepsy, and these diseases. The alterations in the blood, and the changes in the nutrition of the nervous system which exist in these fevers may cure epilepsy, but in operations consisting in the application of a ligature round a limb, or in the section of a nerve, or in the extirpation of a tumor, there is nothing capable of altering materially the blood, and the nutrition of the nervous system. As to the other arguments of Herpin, they are valuable, but they apply only to a small number of cases.

[To be continued.]

---

#### A FEW REMARKS UPON THE TREATMENT OF ASTHMA.

[Communicated for the Boston Medical and Surgical Journal.]

THERE are few diseases falling under a physician's observation, in the treatment of which his means are more limited and followed with less satisfactory results than that of spasmodic asthma. So general is this opinion, that seldom is a physician consulted except in extreme cases.

Prevalent as is this disease, there are few remedies known upon which the patient or physician can rely with any flattering prospect of relief or success. Of the antispasmodics, lobelia is perhaps the most efficacious; but the extreme nausea following its exhibition soon deters a patient from its repetition. Stramonium will at times give temporary relief; but so brief and uncertain is it in its effects, it is seldom now used. Inhaling the fumes of nitre affords often signal benefit; but the trouble of adopting this remedy at night, when the most severe paroxysms oftenest supervene—besides the suffocating cough induced by its inhalation—renders this agent also inconvenient. Emetics are often exhibited with transient success, particularly in those cases where the attack is induced by indigestion or over indulgence in eating; but they have no effect in preventing a repetition.

I have observed in this disease a peculiarly morbid state of the nervous system, and a decided disinclination to adopt any remedies attended or followed by any unpleasant effects. In the commencement of a paroxysm of asthma the minute branches of the bronchial tubes are plugged, as it were, with a transparent tenacious mucus, which prevents a perfect inflation of the lungs. To such an extent does this obstruction often exist, that the countenance of the sufferer, after an attack of a few hours' continuance, presents a leaden,

dusky hue, caused by the imperfect aërication of the blood; he grasps the sides of his chair, or some fixed object as a point of resistance, that he may exert the muscles of respiration with greater effect to overcome this obstruction.

I have administered the hyd. potassa in this disease, with most decided temporary and permanent relief. Exhibited in five grain doses three times a day, the effect is immediate and marked. Of the rationale of its effects I am ignorant; but the administration of it is soon followed by a slight expectoration of viscid mucus, attended with an amelioration of all the most urgent symptoms. In hay asthma, rose fever, and cases analogous to true spasmodic asthma—caused by certain perfumes, vapors, &c.—this remedy produces the same relief. That hyd. potassa possesses a specific influence upon the air passages, I think is undoubted, and I am prepared to learn that it will be found one of our most efficacious remedies in “pseudo-membranous” croup, to disengage the false membrane after the inflammatory action has been reduced. Will the profession give it a trial.

Yours, &c.

Sag Harbor, N. Y.

C. S. STILWELL, M.D.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION.  
BY W. O. BROWN, M.D., SECRETARY.

Dr. ELY reported the following case of *Peritonitis with Perforation*.

Mrs. S. B., aged 25; mulatto; married; called at my office July 2d, 1856. Said she had not menstruated since February. Was somewhat increased in size; had never borne a child; complained of frequent calls to void urine; micturition very painful; pain and tenderness over lower part of abdomen. Had suffered much from neuralgia of face. Called again on the 7th; troubles somewhat relieved, but not removed. Made an appointment to meet her at her house and make an examination, that I might prescribe more understandingly. Upon examination, found the entrance to the vagina very small, the smallest I recollect in an adult female. Urethra very tender throughout its whole length, swollen and hard. Its tenderness, the smallness of the soft parts and the elevation of the womb in the pelvis, rendered it impossible to reach the os uteri. The attempt caused her great pain. She complained of pressure in the hypogastric and iliac regions, especially the right. No leucorrhœa of any consequence. Urine clear and free from mucus, so the painful micturition could not be referred to cystitis. Bowels inclined to be costive. Pulse natural. Tongue not much coated. Appetite fair. Countenance good. Did her own work. From the increased size of abdomen, appearance of breasts, &c., I thought her pregnant and told her so, and that she probably would perceive motion before long; that the painful micturition was caused by pressure of the enlarged womb upon the neck of the bladder. Directed her to keep the bowels open, to remain in re-



cumbent position all she could, to apply hot fomentations across the bowels, and to take small doses of copaiba. She perceived motion about the first of August. I visited her till the 13th of August, once or twice a week, when she appeared nearly well.

I heard nothing more from her till Tuesday afternoon, Dec. 2d, when her husband meeting me in the street, said his wife would probably need me before morning. Being in the vicinity of her residence that evening, I called and found she had had labor pains Sunday night. Monday she was free from pains, but they began again that night and continued till a short time before I called. She complained of want of sleep; pulse good; skin cool. Upon examination, was unable to reach os uteri. I prescribed Dover's powder, and left with directions to call me when the pains returned. The husband called at 7½, A.M., Wednesday. I went immediately, and found she had been in hard labor all night, the head of the child resting on the perinæum. Child born about 9½, A.M. Pretty copious flooding followed soon after delivery of placenta, but was arrested by cold and ergot. For nine days following delivery she was as comfortable as could be expected after so long and painful a labor. She had some fever on third, fourth and fifth days, but no more tenderness of abdomen than often occurs. Bowels moved with oil on the fourth day. The shortness of the nipples rendered it difficult for the child or any one else to draw the milk; in consequence, the breast threatened to inflame, but by the ninth day the trouble seemed to have passed by. The nurse was young and inexperienced, and I charged her to give me early notice if the breasts again became at all swollen.

I heard nothing more from her till the 9th of January, when I was requested to visit her. Several abscesses had formed and broken in each breast. She was unable to rise without fainting; pulse 120, small and feeble; tongue heavily coated, of a brownish color; lips pale; bowels very costive and distended with flatus; thirst and complete loss of appetite; had suffered from bilious vomiting for twenty-four hours; face swollen, and lips covered with *herpes labialis*. The mucous membrane of the throat and nasal passages was much inflamed. The inflammation soon affected the bronchial tubes, giving rise to a troublesome cough. The vomiting subsided under the use of creosote mixture and mustard over the stomach. Two compound cathartic pills, followed by extract of senna, procured two movements of the bowels. Her debility forbade much catharsis. Tinct. rhei. dulce and tinct. gentian comp. were given three times a day, in varying proportions, to meet indications. Breasts were dressed with cerat. zinci carb. One small abscess formed and discharged. A few Dover's powders were given to produce sleep.

Jan. 15.—Complained of inability to move her limbs. Could slowly move legs and arms. Could not turn in bed or feed herself. Sensation was perfect. By the 21st the tongue had cleaned, appetite had returned and paralysis began to pass off. By the 30th she could help herself considerably, turn in bed, &c.; pulse 84, and of fair strength. From the 16th to the 21st, the bowels were very costive, though she took tinct. rhei daily, requiring a large quantity of oil, in repeated doses, and injections, to overcome the constipation.

Saturday, Jan. 30, she had, without apparent cause, three epileptic fits. Since 13 years of age, she had been subject to what she called

fainting turns, with loss of consciousness. Sunday, she had one fit; Sunday night several; also, Monday and Monday night. None after that. On Sunday the pulse was 120 and feeble. Tuesday, she was moaning, and trying to throw herself about the bed, and did not answer questions. Wednesday, she lay quiet, eyes open and staring; could not speak. Thursday, could not speak; refused medicine. Friday, was perfectly conscious; spoke and did as desired; pulse 120 and feeble; tongue not much coated; breath very offensive, from wounds of tongue; abdomen flat; some tenderness in left iliac fossa. Since Sunday she had passed urine and fæces unconsciously, and had had from one to three evacuations of bowels daily. Friday night, slept a few minutes. This was the first sleep since Monday night. Saturday, 10½, A.M., all the symptoms were as on the day before; no tympanites. Called Sunday and found, much to my surprise, that she died that morning at 2 o'clock. Nurse said at 1 o'clock, P.M., Saturday, she began to sink, and died without pain. Made no complaint of bowels.

*Post-mortem*, Tuesday, 12, M., 58 hours after death. Being somewhat indisposed, Dr. Collins, assisted by T. P. Ives, kindly made the examination for me.

*Abdomen* distended with flatus. *Lungs*—right bound down by old adhesions; left free. Posterior lobes of both, but especially the right, filled with blood, partly from stasis. Chalk concretions in both lungs. Heart healthy, contained no clot; blood fluid. Stomach, liver, pancreas and spleen healthy. Right kidney enlarged and of a yellowish color, as if fatty. Left, healthy. Upon raising up the intestines from the iliac fossæ and cavity of pelvis, small pieces of fæces were seen; also, seeds resembling those of the apple. Upon examination, it was found that the extremity of the appendix and the wall of the cœcum were perforated; the hole in the appendix was equal to its calibre, and that in the cœcum half an inch in diameter. The appendix and cœcum were bound to the fundus of the bladder by old adhesions, and at that point the wall of the bladder was partially destroyed by ulceration. More seeds were found in the appendix. Lumps of hardened fæces existed in the colon. A band was stretched across the upper part of the rectum, somewhat diminishing its calibre. The urethra bore marks of inflammation. The mucous membrane of bladder was healthy. A small, fibrous tumor was attached by a slim peduncle to the anterior wall of the uterus. In the course of the left Fallopian tube, were two elliptical shaped bodies of the size of butternuts; one near the extremity, and the other about half way from that point to the uterus.

During the summer of 1855, Mrs. S. B. was sick for some weeks and under the care of Dr. Miller, of this city. Since her death he informed me that she had inflammation of the right iliac fossa. Probably at that time the attachments of the appendix and cœcum to the bladder took place. As the escape of fæces and seeds had not excited any trace of inflammation, it is fair to suppose that they escaped only a few hours before death, after the visit of Saturday, the shock to the system being sufficient to destroy life in her then weakened condition.

Dr. C. W. PARSONS related a case of *Vascular Tumor near the Meatus Urinarius* of the female, operated on by ligature.

The patient was over 60 years of age; had suffered in urinating for three months; within a fortnight had begun to suffer with inflammation

of mucous membrane of vulva, which was excoriated. The tumor was attached just behind the meatus urinarius, nearly two inches long and more than two in circumference, with something of a neck, fissured on its surface, not extremely sensitive. The healthy mucous membrane was easily brought into view behind it. A silk ligature caused the tumor to fall off in two days, and cure seemed to be complete in a fortnight afterwards.

Some discussion followed as to the modes of treating this affection.

Dr. PECKHAM mentioned having treated several cases successfully by application of strong caustics; they were all smaller tumors than this.

Dr. BROWN related a case that had been some time under his treatment, in which successive applications of nitrate of silver, and also of sulphate of copper, had effected no more than temporary relief. The vascular surface (for it was scarcely elevated enough to be called a tumor) was extremely sensitive, and extended around nearly two thirds of the circumference of the urethra, and apparently through nearly its whole length. The application of the nitrate of silver occasioned severe pain, which lasted many hours. The caustic potash has been applied, of late, to the surface, by means of a probe coated with it. The pain is very severe at first, but the caustic is immediately neutralized with vinegar, and in the end does not produce near so much suffering as the nitrate. She is now apparently improving. Age, about 45 years.

Dr. Peckham mentioned that most of his cases had been in women past middle age.

Dr. PARSONS also mentioned a case of *Polypus Uteri* operated on by his father. The patient, a widow, aged 49, had never ceased to menstruate, and had had frequent turns of uterine hæmorrhage for about a year and a half, usually recurring as often as once a fortnight, and lasting three or four days, preceded by pains in loins and over pubes. In February, 1856, she had a feverish attack, lasting ten or twelve days, preceded by severe pain in small of back, and accompanied by profuse flooding. The flooding continued afterward, and was accompanied by fetid discharges. Her strength was rapidly reduced, and she now began to be conscious of having something more than menorrhagia. There was some difficulty in obtaining a passage from the bowels. The homœopathic attendant diagnosticated cancer of the uterus.

Drs. U. and C. W. PARSONS found, on examination, the vagina well filled up by a tumor, projecting from the os uteri, which could be traced around its neck in front only, the finger being unable to reach its posterior half. The tumor was soft on its surface, and the discharge was very foetid, with shreds of decomposed matter in it. The diagnosis was, polypus uteri. The patient was very anæmic, and evidently hastening toward the grave. The operation was performed April 22d. It was necessary to draw down the tumor, and with it the uterus, with some force, and to deliver it from the vagina with obstetric forceps, it being nearly as large as a fetal head. After applying a wire around its neck, it was allowed to retract. The wire remained about forty hours; constitutional symptoms were severe; and about twelve hours after the operation, a part of the tumor was cut off, to let the uterus return partially to its natural level. The tumor was soft, fissured on its surface, black, gangrenous; its size and weight



not accurately ascertained. The result was in the highest degree favorable; the patient was out in six weeks, and in a few months was able to do her own housework. In November she walked several miles. She continues (January) to menstruate at intervals of a few days less than four weeks. She assures me that her mother ceased to menstruate at the age of 55.

In this case, besides the large size of the tumor, it is interesting to notice the beginning of a natural process which tended toward a cure, though the patient's blanched and weak condition forbade the hope that she could have lived long enough to complete the process favorably. This was the gangrene of the tumor. Probably the attack of fever, preceded by increased pain and accompanied and followed by more profuse and incessant hæmorrhage as well as foetid discharge, marked the beginning of this gangrene.

---

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JAN. 26th.—*Calculus from a Mink; probably from the Urinary Bladder.* Dr. JACKSON presented the specimen, which was sent to Prof. J. WYMAN, of Cambridge, by Mr. WM. EDWARDS, of South Natick, and at the suggestion of Prof. W. was presented to the Society.

The animal was of the ordinary size, and Mr. E. says "the man who shot it could only tell me that in skinning the mink, he felt this hard substance in its belly, and took it out to satisfy his curiosity. He thinks it lay two or two and a half inches from its tail."

The calculus is of a very regular elongated oval form, somewhat granulated upon the surface, of a whitish color with a tinge of yellow, and very compact in structure. Having been sawed lengthwise, the cut surface measures  $1\frac{3}{8}$  inches by  $\frac{7}{8}$  inches. The mass has a distinctly, though not very strongly marked, radiating and laminated structure; its broken surface has generally a dull hue, but is in some parts shining; the color is about the same as that of the external surface. The central portion, to the extent of three eighths of an inch, is darker colored and of a coarse structure.

Dr. JACKSON remarked upon the enormous size of this calculus, supposing that it came from the bladder; also, upon the fact that the same animal is found, in this neighborhood, to be very frequently the subject of another affection of the urinary organs, viz., strongyli in the kidneys. He never before had heard of a case of calculus.

The following is the chemical analysis of the stone, as reported by Dr. BACON.

"The calculus having been sawn through the centre, presents radiating lines, and numerous concentric layers, of a nearly white color. It is composed of triple phosphate, with small proportions of phosphate of lime, oxalate of lime, urate of ammonia and animal matter."

FEB. 9th.—*Expulsion of a Lumbricus with a Dress Hook attached.* Dr. WILLIAMS showed the specimen, which was received from Dr. STOCKER. The worm was expelled by a child, and at a point about one quarter its length from the posterior extremity was attached a common dress hook, through one of the eyes of which this portion of the worm had passed.

FEB. 23d.—*Fibrous Tumor of the Uterus, complicated with Ascites.* Dr. JACKSON mentioned that he saw the patient the day before with

Dr. THORNDIKE, of East Boston. She was 48 years old: tall and muscular; a laundress. She had been sensible of something unusual about the left side for more than a year. In September last, Dr. T. was called to see her on account of some ill-defined constitutional affection. Since that time she had been enlarging in size, but had kept about her work. Four gallons and one quart of a yellowish serum were drawn off on the the afternoon of the day Dr. J. saw her. The tumor was afterward felt upon the left side, of about the size of the head, and quite dense.

On examination per vaginam, the *os uteri* was found looking backward, and the tumor was also felt, having the hardness of the foetal head.

Dr. J. regarded the ascites as a very unusual complication with a fibrous tumor.

Another peculiarity in the case, he thought, was the regularity of the menstrual flow, there being, also, no increase in the amount. He had very generally noticed a tendency to menorrhagia or hæmorrhage in these cases.

MARCH 9th.—*Cancerous Disease of the Pancreas.* The specimen was shown by Dr. C. D. HOMANS, having been received from Dr. ELLIS, who furnished the following report of the case.

The patient was upward of 60 years of age. For more than thirty years he had been subject to cough, and had occasionally raised blood. During the winter he gradually failed. Two or three weeks before his death he was attacked with fever and symptoms of effusion into the right pleural cavity. A week after, the feet became cold, and soon exhibited the appearances of commencing gangrene. At the time of death, vesication had taken place on the right foot, and one hand was attacked.

At the *post-mortem* examination, a large quantity of serum was found in the *right pleural cavity*. The corresponding *lung* was much compressed; the *left*, emphysematous; but neither was tubercular. Upon the *aortic valves* were reddish warty vegetations. Cancerous masses were scattered throughout the substance of the *liver*.

The *right half* of the *pancreas* was two or three times as thick as usual, very firm, and had lost all appearance of the usual structure, being of a dull or yellowish-white color, with some vascular points. The disease gradually blended with those portions which, though not healthy, still presented some traces of the original tissue. The *duct* had been raised by the growth of the thickest part of the disease, and was evidently much obstructed by it, as was shown by the dilatation behind.

On microscopic examination of the diseased portion, it was found to be composed of nuclei and cells, the latter very large and of every conceivable shape. Many of these contained round, transparent centres, so large in some cases that they occupied nearly the entire cell. They seemed to be the result of dilatation by some transparent liquid. The nuclei and nucleoli were not, for the most part, relatively large, although some were so.

The *posterior tibial artery* of the foot in which the gangrene had progressed the farthest, did not present any remarkable appearances.

But a brief account of the case has been given, as no symptoms were noticed before death which could be immediately referred to any

disease of the pancreas. The latter was considered interesting, as but few specimens of cancer of that organ have been seen here, although Rokitansky states that it is a very common affection in connection with similar disease of other parts.

---

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

BOSTON, MARCH 26, 1857.

---

### A CONVENTION OF MEDICAL EDITORS.

THE *Southern Journal of the Medical and Physical Sciences* proposes that a convention of the editors of the American medical press should be held during the forthcoming sitting of the American Medical Association at Nashville, "to deliberate upon all subjects pertaining to the support and progress of medical periodical literature." It is a well-known fact, that medical journals in this country do not, as a rule, receive that support from the profession to which they are entitled. A large number of subscribers take their journals regularly without paying for them, or without paying promptly; some from inadvertence, but many, we fear, deliberately. One of the objects of the proposed convention is to institute a reform in this respect, and enable the conductors of the periodical press, not only to be indemnified from loss, but by a reasonable pecuniary return for the expenditure of time and talent to improve the quality of our medical periodical literature, and thus indirectly to elevate the standard of the profession. The effect of good medical journals upon the progress of medicine can hardly be over estimated. As the editor of the *Southern Journal* justly remarks, without them the profession would be "an army without banners, or a ship without sails." It is only by means of a constant interchange of new ideas, the publication of new discoveries, the promotion of friendly feelings throughout the scientific world, that science can advance with those rapid strides which render the present age so remarkable.

It may seem a very easy thing to obtain from subscribers to medical periodicals the small amount which is annually due from them. Experience has shown that in many instances this is not the case, and we suppose that every journal has a certain number, some a large number, of names on its lists, who are not ashamed to receive the periodical without ever paying for it, besides others whose payment is withheld so long, or obtained with such difficulty, as to make it no adequate compensation for the expense incurred by the editor or proprietor. We are therefore glad to see the suggestion of the *Southern Journal*, and we hope it will be carried into effect. If the majority of the editorial corps will agree to adopt the cash system, and refuse to supply subscribers who are in arrears, until all accounts are settled, we are confident that there will be no reason to regret the reform. The only subscribers lost will be those who do not pay, and hence the result will be an actual gain to the proprietor: while if all journals will unite in this plan, the delinquents will not be able, as is sometimes the case, to supply themselves by running in debt for another periodical. We think a convention of editors might also have a fa-



avorable effect upon our medical periodical literature, by deliberating upon the best means of improving the character of our journals, by obtaining a larger amount of valuable original matter, both on the science of medicine and on the ethics of our profession. It is surprising to see how small a space is generally devoted to original articles, and how inferior many of these are in quality. Many of our medical periodicals are chiefly composed of extracts from other journals, and we could name one, at least, whose short existence was almost sustained by matter transferred from our own pages. The subject of *advertisements* is one which should come under the notice of the convention; and considering the profit yielded by this department, and the importance of its effects upon the character of our profession, it is surprising that so little should have been said on this point.

We have briefly referred to a few of the topics which would naturally come before the editorial convention. There are several others which would also form appropriate subjects for discussion, should the proposition of the editor of the *Southern Journal* meet with favor, which we sincerely hope will be the case.

---

#### REPORT OF THE CITY REGISTRAR OF BOSTON.

THE City Registrar's Annual Report for the year 1856, which has just made its appearance, is not behind any of its predecessors in the value and interest of its contents, and will, we trust, be attentively read, and have some effect in awakening public attention to the important subject of vital and mortuary statistics. A few remarks in the commencement of the Report, point out the utility, we may say the necessity, for the accurate compilation of these statistics in its influence upon the public welfare, on the prolongation of life, and on the removal of sources of epidemic and other diseases. The subject of reporting deaths is again alluded to, and the necessity for a reform in this particular is urged. We referred to this subject last year, and its importance must be our excuse for again calling attention to it. There is no ordinance in Boston compelling physicians to certify to the causes of death in those cases which come under their care. The returns are made by undertakers, who, in most instances, obtain their information from the families of the deceased. Hence a large number of inaccuracies must occur in the reports. Massachusetts is quite behind Rhode Island in this respect. The Registration Act of that State, enacted in 1855, makes it the duty of physicians to report deaths; and where death occurs without the attendance of a physician, that duty is imposed on coroners. Mr. Apollonio is convinced that not only is the value of the registration system impaired by the imperfect manner in which it is carried out, but even that crimes are committed, and effectually concealed, through these very defects. Out of three instances in which this has occurred, he cites one in which an undertaker was employed to superintend the funeral of a female who was reported to have died of typhoid fever. After the interment, facts were discovered which led to the suspicion that something was wrong. The body was exhumed, and an examination was made, which fully proved that an abortion had been practised, which in all probability had been the cause of the death. "Arrests were made; among the number the 'Doctor,' who was alleged to have produced the abortion, and held to bail for trial. Although little doubt existed that the death in

question resulted from the assigned cause, it was found impossible to fasten the guilt upon the suspected parties, and they altogether escaped." It is to be feared that these instances are not uncommon, and the above facts sufficiently prove the expediency of such a law as will lead to the suppression of these crimes, and at the same time add to the value and accuracy of the returns, without which they are not only deprived of a great part of their value, but may become the source of serious evils.

Our space will not permit us to call attention to many other interesting facts which are presented in Mr. Apollonio's Report. We hope it will be extensively read, and that the suggestions it offers will form the basis of action on the part of our municipal authorities.

*American Editors of European Works.*—In the article on this subject by our correspondent X. Y. Z., published in the Journal of the 12th inst., an unintentional misstatement was made, we understand, respecting the publication of Kane's Chemistry by Professor Draper. It is there stated, that after deducting the cost of publication, the profits were divided between the publisher and the foreign author. The facts are these: Harper & Brothers paid to Dr. Draper \$1,000 for the American edition of Kane's Chemistry. The whole sum was most generously sent to Dr. Kane by Dr. Draper, who never received any pecuniary emolument from the work, but was at the trouble of bringing out the edition merely because such a book was at that time greatly wanted in our colleges. The magnanimity of this transaction is enhanced by the fact that Dr. Kane and Dr. Draper were strangers to each other—the proceeding being entirely spontaneous on the part of the latter, and unexpected on that of the former.

*Social Medical Meeting.*—We would remind the members of the Suffolk District Medical Society that there will be a social meeting of the Society on Saturday evening, at the rooms in Temple Place.

*Health of the City.*—There was a slight increase in the mortality from scarlatina during the last week, three more deaths having been reported than during the previous one. The number of deaths for the corresponding week of last year was 68, of which 15 were from consumption, 4 from pneumonia, and 1 from scarlatina.

*Communications Received.*—Spontaneous Evolution in a Twin Case.—Remarks on the Treatment of the Night Sweats of Consumption.

*Books and Pamphlets Received.*—The Signs and Symptoms of Pregnancy. By W. F. Montgomery, M.D., &c. (From the publishers.)

MARRIED.—At Edgartown, Feb. 23d, Wm. T. S. Brackett, M.D., to Miss N. Mayhew, daughter of Joseph Mayhew, Esq., all of Edgartown.

DIED.—In Roxbury, 18th inst., Dr. Henry Sherwood Steele, late of Dixon, Ill. He was born in Hartford, Conn., Sept. 5th, 1823, and graduated at Yale College in the class of 1847.—In Jericho, Vt., 7th inst., Dr. George Howe, a native of Canaan, Vt., aged 75 years. He entered upon his professional duties at Jericho a half century ago.

*Deaths in Boston* for the week ending Saturday noon, March 21st, 70. Males, 34—Females, 36—Accident, 1—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 1—consumption, 14—convulsions, 1—dropsy, 3—dropsy in the head, 3—drowned, 1—debility, 2—infantile diseases, 4—puerperal, 2—scarlet fever, 11—homicide, 1—disease of the heart, 1—hemorrhage, 1—disease of the kidneys, 1—inflammation of the lungs, 3—congestion of the lungs, 1—disease of the liver, 1—marasmus, 1—old age, 2—palsy, 2—phlebitis, 1—disease of the spine, 1—scalded, 1—teething, 4—tumor, 1—unknown, 2.

Under 5 years, 27—between 5 and 20 years, 8—between 20 and 40 years, 15—between 40 and 60 years, 10—above 60 years, 10. Born in the United States, 46—Ireland, 18—other places, 6.

*Unique Obstetrical Case.*—Under this caption, Dr. Jos. C. Shapard, of Decherd, Tenn., relates the following most extraordinary case in the March number of the *Nashville (Tenn.) Journal of Medicine and Surgery*.

Mrs. H., a stout, healthy woman, about 25 years of age, the wife of a poor laboring man, and the mother of one child, became pregnant a second time, and the "function of labor" took place under the following circumstances.

Having approached very near her full term, but not feeling any symptoms of labor, and being desirous of visiting her father, she, on the 26th of April last, walked to the house of her father, a distance of five miles, accompanied by her husband and child. The next morning they set out on their return home, and had not gone far before she began to experience symptoms that indicated the approach of labor, and the farther they travelled the stronger became the symptoms. Having arrived within one mile and a half of home, the pains became quite strong, and her husband insisted on her stopping at a neighbor's house near by, but she preferred going on and trying to get home before lying-in. The next mile of their way lay over what is known in the neighborhood as "little mountain," which is a rough, rocky ridge, a few hundred feet high, situated some miles distant from the main range of Cumberland Mountains. As the party began the ascent of the mountain, a black cloud commenced rising above the horizon. The party continued to climb the mountain, the cloud continued to ascend the "steep of heaven," and the poor woman's pains continued increasing at an alarming rate. The party gained the summit of the mountain just as the cloud came over their heads, and the woman's pains likewise gained their utmost intensity; and there, on the top of that rugged mountain, while the windows of heaven were "wide open," and the rain falling in torrents, while the thunder was shaking the mountain to its centre, and the wind was blowing a hurricane, the woman sat down at the root of a tree and gave birth to a *fine son*.

As soon as the worst of the storm had passed over, the husband left his wife and children, and went on in the direction of home, to the nearest neighbor's house, to procure some dry blankets, quilts, or something of the kind for his wife. On his return back he met his wife, who had taken off her dress, and wrapped the child and after-birth up in it—the cord not yet being divided, and was *carrying it* on one arm, and leading the other child, making her way towards home. So much rain had fallen that it was impossible for her to get home without wading in the water nearly to her knees for some distance.\* And before she could get home she had to cross a ten-rail fence, which she did with her babe in her arms. The balance of her way was over a newly-ploughed field, through which it was then very difficult to walk. A couple of ladies seeing her going home in so bad a condition, went to her house, and by *persuasion* they got her to bed. A gentleman of the vicinity soon came in, and after hearing the history of the labor, he asked the husband how he felt while his wife was in labor. He answered that he was greatly alarmed. The wife spoke up and said, that "she couldn't help being *tickled* to see how badly scared he was."

The next morning she got up and prepared breakfast for her family as usual, and has attended to her household affairs ever since, without any inconvenience. The child was named Thomas Jefferson, and is still living and doing well.

*Medical Department of the University of Nashville, Tenn.*—The annual commencement of this school took place on the 28th ult., at the close of its sixth annual session. The number of students in attendance is stated to have been 80 more than the preceding year, and to have amounted to 419—the largest medical class ever assembled in this country out of Philadelphia. The commencement exercises were held in the Presbyterian church. After prayer by the Rev. Dr. Edgar, a valedictory to the class was delivered by Dr. H. M. Compton, of Texas; and, by appointment of the Faculty, the annual valedictory address by Prof. T. R. Jennings. Prof. Paul F. Eve, Dean of the Faculty, then made a report to the Board of Trustees, after which the degrees were conferred upon 137 successful candidates. It will be remembered that the city of this flourishing school is the appointed place of meeting of the American Medical Association in May next.

*Starling Medical College, Columbus, Ohio.*—Commencement at this school took place on the evening of the 3d inst. The annual address was delivered by Judge Thurman, of Columbus, and the valedictory by Prof. John Dawson. The degree of M.D. was then conferred by the Trustees on eighteen young gentlemen.

*Massachusetts State Lunatic Hospital, at Worcester.*—From the twenty-fourth Annual Report of the Superintendent of this institution (Dr. Merrick Bemis), we learn that at the close of last year there were in the Hospital 386 patients—168 males and 168 females. During the year there were admitted 241—112 males and 129 females; making the whole number under treatment during the year, 577—296 males and 281 females. Of these there were discharged—recovered, 97; much improved, 20; improved, 26; not improved, 23; died, 35; and remaining under treatment Dec. 1, 1856, 376. Of those admitted, the insanity of 104 was of less duration than three months; 84 had been insane more than one year; 88 were foreigners or those having no settlement in the State. The unmarried numbered 85; the married, widows and widowers, 148; unascertained, 8.

*Medical Miscellany.*—Dr. Hensley, of New Orleans, has presented to the "School of Medicine," of that city, a number of beautiful and valuable preparations in wax and alcohol.—The number of admissions to the Charity Hospital of New Orleans, during the year 1856, was 9,432; discharged, 8,393; deaths, 974.—Dr. William Yates, who it is said—on what authority we know not—first introduced vaccination into the United States, died lately at Morris, Otsego Co., N. Y., aged 90.—Mr. Crawford, the American sculptor, has lately repaired to Paris, from Rome, to seek the advice of Velpeau, Nelaton, and other French surgeons, in regard to the disease, fungus hæmatodes, under which he has been suffering for about eighteen months.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. LVI.

THURSDAY, APRIL 2, 1857.

No. 9.

---

## CASES AND NOTES.

BY WALTER CHANNING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—March —, 1857. I was asked to see Mrs. — in consultation. She was near the end of pregnancy, when she was attacked, without precursory symptoms, with hæmorrhage from the womb. Her general previous state had been unfavorable for the continuance of pregnancy, or of healthy parturition. Nausea and vomiting had been for some time so constant, that very little food had been taken, or kept in the stomach. The hæmorrhage had existed several days before I was called, and its quantity could be very imperfectly reached. This single fact makes the management of labor a very embarrassing office, as it can hardly be ascertained what power remains, in the first place; in the second, how much blood remains to supply the waste, and to carry on functions for life, and particularly to complete delivery.

The appearance of Mrs. — was unpromising. She was pale—exhausted—the veins of purplish color, showing how much blood had been wasted, and how changed was what remained. The protracted vomiting and the recent hæmorrhage had produced just that state which characterizes anæmia. The pulse was 120, small and feeble. The temperature had been preserved by heat to the lower extremities. The liquor amnii had passed off. In early examinations the os uteri had been found dilated. The head had made some advance, and between it and the womb was felt a solid mass, which was believed to be an edge of the placenta. The favorable symptoms were, a clear, firm voice, bright countenance, and cheerful manner. There was also sufficient strength remaining to enable the patient to assist herself in such changes of place as were demanded. The animal functions were not disturbed.

During the three or four days or more from the occurrence of the hæmorrhage, not the least uterine-contraction had been noticed by

the patient, or by her physician. She had felt no *pain*. The womb had silently contracted sufficiently to draw the dilated os uteri above that portion of the foetal cranium which presented, so as to leave it partially uncovered. Or, by the shortening of the womb, the head had entered the brim of the pelvis, according to the explanation offered by Mr., afterward Sir Charles Bell, in his excellent paper on the Muscularity of the Uterus, which, if my memory serve, is in the seventh volume of the Medico-Chirurgical Transactions of London. The size of the uterine tumor led to the belief that the foetus was large. The head was firmly fixed in its position. Ineffectual means had been used to produce uterine action and to check the hæmorrhage. Thus, ergot had been given, but such was the irritability of the stomach, that the ergot was at once rejected, and before it could have exerted its specific power upon the womb. In short, everything was vomited which was swallowed. Even small bits of ice, which a very irritable organ will sometimes bear, were vomited.

Such was the condition of Mrs. —, as communicated by the attending physicians, and as observed by myself. The question arose, what shall be done? Shall the case be left to the unassisted powers of nature, or shall artificial means be used? Internal remedies could not be employed. What are the resources of operative midwifery, and which promises best? Turning was suggested. Objections to this measure were the firmly-fixed head and the close contractions of the womb, which had followed the escape of the liquor amnii. Were turning accomplished, might not its completion, or the delivery of the head, require a force which the remaining power would fatally sink under before delivery was accomplished? Besides, there was little or no hæmorrhage now. A very large loss which had occurred the night before would seem to have made such a demand on the remaining blood, that with the following diminished power of the circulating system, a temporary stop had been put to farther flowing. Second, the forceps. Third, craniotomy. It was agreed that the forceps should be first tried. The patient being etherized, the instrument was applied by Dr. — with ease, and efforts made to move the head. These were continued as long as it was thought safe; but when increased exhaustion began to show itself, the instrument was removed; very little was gained by it under its fair use. The head was indeed lower than before the operation, but the descent seemed to be rather a lengthening of the cranium than from any change of place of the head itself. Craniotomy was now done. The cranium was perfectly emptied, the bones collapsed, and delivery accomplished with more than ordinary ease. The womb contracted well. The after-birth was separated, and was expelled without the least difficulty. Some re-action followed, as is common in such cases, but exhaustion soon declared itself. Stimulants

were again given, but were not retained, and death gradually took place.

CASE II.—March 6th, 1857. Mrs. —, aged 24; first labor. I was called to this case at about twenty-four hours from its beginning. Mrs. — is young, strong, plethoric. The liquor amnii had been dribbling away for three days. Uterine action was strong at the beginning, and soon became violent. The os uteri was dilated, in part, and was perfectly dilatable. It could be easily swept up and away from the head, all round. The anterior fontanelle presented, the face being toward the pubis. The os uteri could only be carried for a certain distance, and descended as soon as the fingers were removed. The anterior lip was always the lowest, and the thickest. Hours passed, the uterine contractions constantly increasing in force and frequency, without the least change in the place of the fœtal head, which was just outside, or below, the brim. Ether was used, and suffering was made less.

The question arising upon this statement, and investigation of the facts of the case, was, what shall be done? A fair trial had been made of uterine power, and there was no progress. The six hours of perfect rest of the fœtal head in one place, notwithstanding vehement uterine action, as named by an acknowledged authority, before artificial aid shall be resorted to, had been far more than accomplished. Dr. — referred to a case to which he called me in consultation, which very much resembled this, in which what was thought perfectly safe delay was practised, but in which rupture of the womb occurred. I recollected the case, but at the same time did not forget that in existing circumstances of each case, mainly, in midwifery, the demand for artificial aid must be found. Hence no department in medicine has in it such responsibility as this, and the wider is experience so much deeper is felt to be the responsibility. I became satisfied, after due observation, that the time had come for artificial aid, and the forceps were used. The application was easy, and effort was aided by fair uterine action. There was no progress. All of force which could be safely applied, and all of uterine contraction, accomplished nothing, or so little as to give no prospect of ultimate success. Very careful and continued uterine auscultation was practised, but not the least evidence that the child was living was obtained. The fœtal pulsation could not be heard, nor the placental murmur; nor could any muscular movement of the child be felt. Craniotomy was resolved on, and delivery accomplished, though with unusual delay and difficulty. The after-birth soon followed. The womb contracted very well. There was some flowing afterward, and more than usual after-pains, accompanied with expulsion of coagula. Strong re-action, showed by rapid pulse, and rapid respiration, followed. An opiate was given.

Much anxiety was felt about the result of this case. On the



morning of the second day some tympany was noticed, but there was no pain in the abdomen; there had been no chill, and the pulse was but little accelerated. The bladder performed its functions perfectly well. Food was craved, and nights comfortable. On the fourth day, was quite severe diarrhœa, preceded some hours by griping pain. No constitutional disturbance. The diarrhœa was readily controlled, and recovery has since been uninterrupted.

In order to do something to prevent disease after such deliveries, I have long been in the habit of using a more active treatment than other observers have thought necessary. This method was employed in this case. The following was prescribed the morning after delivery. *R.* Opii, gr. viij.; hyd. submur., gr. iv. *M.* ft. pil. no. viij. One of these was directed every four or six hours, unless sleep occurred. In three days these, and four more of a new number, were taken, and with good results. The mouth did not get at all sore, and if the diarrhœa were produced by the pills, most perfect and entire relief followed.

The question of operative midwifery thus arises under various circumstances. Labor may be advancing regularly. Without obvious cause, contractions grow weak, and cease. The pulse fails, temperature diminishes, sinking is apparent. The head is in the pelvis, at the perinæum. There is little or no hæmorrhage. What may be the causes of this sudden change in a healthful labor? There may be rupture of the womb, laceration of the vaginal *cul de sac*, anteriorly or posteriorly; there may be simple laceration of the peritoneal covering of the womb, more frequently noticed in the neighborhood of the Fallopian tubes. What should be the practice here? I answer, use the forceps. But in laceratio uteri the head recedes. Here the forceps cannot be used. But there are exceptions even to this rule. One has occurred to me:

CASE III.—The head was fairly in the pelvis in this case. The labor was slowly proceeding. Suddenly contractions ceased. There was slight hæmorrhage. Sinking rapidly followed. I proposed to deliver by the forceps. Dr. ——— strongly advised this measure. The patient would not permit it. She said she was perfectly easy, and would sooner die than submit to any operation. She died in a few hours. Examination showed large uterine laceration. The extremities and trunk of the fœtus were in the cavity of the abdomen, the head in the pelvis.

But suppose the head does not recede, and we are uncertain as to the nature or place of the suspected lesion, questionless and rapidly-increasing sinking being present. Apply the forceps. Why not give ergot? Because, if it increase contractions, the womb will be drawn farther up, over the head, and the laceration of the *cul de sac*, if such exist, will be increased, and danger greater; while in the other, or peritoneal form of laceration, it cannot but be best to secure perfect repose to the womb, as excessive action has been the cause of the laceration already existing.

But suppose hæmorrhage along with sinking, not the small flowing which may accompany laceration, but such as may be ascribed to placental separation, the head being within reach. Use the forceps. Why? Because there may not be uterine power to respond to ergot; or the remaining power will be best used in completing the detachment and expulsion of the placenta, and to secure ultimate and permanent contraction, which is the surest prevention of secondary hæmorrhage.

Suppose hæmorrhage not only complicates the labor, but follows delivery. This very rarely follows delivery after *unavoidable* hæmorrhage; that, namely, which belongs to *placenta prævia*. But suppose the flow be *accidental*. Pass the hand into the womb and learn if retention be from *morbid* adhesion, or the result of imperfect contraction—the womb being soft, flabby, uncontracted. By completing the separation only, strong contraction is often induced, and the placenta delivered. But in this case having it in the hand, let it and the hand be delivered together; in other words, let the progress depend mainly on uterine action. Should the womb remain inactive, then resort to other means, so fully directed in the books, to excite contraction. These are usefully employed while attempting separation.

In a late number of the Journal is an article on “Improvement in plugging the vagina in profuse uterine hæmorrhage, especially in abortions of an early period.” It consists in firm compression of the external organs, by a towel doubled or folded lengthwise, and which, having been rolled up in another longer towel, and then passed between the limbs in front and behind, is fastened by its ends to a firm bandage surrounding the abdomen. I allude to this method here, because I saw a similar use of it in a case of dangerous hæmorrhage after labor at the full time.

CASE IV.—Mrs. — has had several children, and has always flowed profusely. I never attended her before. Her labor was natural, and its stages easily passed through. Hæmorrhage followed a short time after the delivery of the after-birth, and was persistent, notwithstanding a fair trial of remedies. I now first learned that she had always flowed excessively, and asked what her physician had done. She said he had always found firm compression of the external organs the best method of stopping the flow. I immediately adopted it, and very much after the manner described by Dr. Casey, and with the happiest result. Re-action promptly declared itself.

In early abortions this method seems liable to no objection. After labor at full time *internal hæmorrhage* is certainly possible, and must be kept in mind. The womb may not contract. Hæmorrhage may continue, though unseen. Coagulation may occur within the womb. But we know this does not always check flow, and we also know that when a great loss has already occurred, a slight

addition may be fatal. Suppose sinking increases, and this rapidly; external examination of the womb should be made, and if *internal hæmorrhage* be discovered, attempts should be at once made to empty the womb and produce contraction. Dr. Casey says of the plan he recommends, "It has rarely or never failed in my hands."

Why does it happen that while the placenta is still attached, or when separated, still remains in the womb?—why is it that this organ is so reluctant to take on that action which will complete the detachment, and in this and in the other case supposed, remove the after-birth? Again, why is it, that this having been expelled, contraction does not take place, allowing internal hæmorrhage to occur, and to an extent to produce a uterine tumor closely resembling the state of the organ when filled by the fœtus?

[To be continued.]

DR. EDWARD BROWN-SEQUARD'S EXPERIMENTAL AND CLINICAL RESEARCHES APPLIED TO PHYSIOLOGY AND PATHOLOGY.

[Continued from page 158.]

It will be sufficient, I believe, to remind the reader of the cases of cure of epilepsy that I have given in a preceding section of this paper (see § IX.). They prove peremptorily that the source of fits of epilepsy may be in the peripheric part of sensitive nerves. The fits were certainly due to an external cause of irritation in cases of epilepsy where they have been prevented by the following means:

- 1st. Application of a ligature around a limb or finger.
- 2d. Section of a nerve.
- 3d. Amputation of a limb, a finger, a toe, or the testicle.
- 4th. Extirpation of a tumor, a foreign body, or a tooth.
- 5th. Expulsion of worms, of calculi or other concretions.

Some other facts which I have mentioned in the beginning of § XI. show, in the most direct way, the possibility of the production of a fit by an irritation of the periphery of the sensitive nerves. Together with these facts, I might have spoken of a young man, observed by Zimmerman, and who had a fit of epilepsy every time he practised masturbation (Esquirol, *loco cit.*, p. 301). That an external irritation may cause fits is also proved, without any doubt, by the facts I have almost daily observed in animals for many years; facts described in the first part of these papers. It seems, even from what is observed in these animals, and from various circumstances observed in man, that when there is a cramp preceding a fit, the cramp is nothing but the first effect produced by the irritation of a sensitive nerve. Cramps in some of the muscles of the neck and face are sometimes the only effects of the excitation of the skin of the neck and face in my animals, and when a complete fit takes place, it is almost always preceded by the spasmodic contraction of these muscles. So that if we did not know that



there had been an irritation of the skin, we might think that the first phenomenon was the cramp of these facial and cervical muscles. In cases of wounds of a nerve, two diseases may follow, epilepsy or tetanus, but in these two cases the first convulsive phenomenon is a cramp in the muscles in the neighborhood of the wound. Many facts of this kind have been collected by Swan (*A Treatise on the Diseases and Injuries of the Nerves*, new edition) and Pflüger (*Die sensorischen Functionen des Rückenmarkes*, 1853). If the wound was not known to exist in a case of epilepsy of this kind, the local cramp would be considered as the first phenomenon of the attack, while it is only a secondary one. Now, if, as I have tried to show in § XI., there may be an unfelt irritation in the periphery of sensitive nerves, causing fits of epilepsy, it is possible that in cases where a cramp in one or a few muscles is the only thing felt by the patient, the cramp is not the first phenomenon, but results from the irritation of sensitive nerves in its neighborhood. In cases where there is both pain in a part without muscles, and cramps in the neighboring muscles, it may be that the cramps are the result of the irritation of sensitive nerves, causing this pain.

We do not deny that the first cramp in epilepsy may be due to some direct or primitive irritation of the nervous centres, but we do not know any cases of this kind; while, on the contrary, we know many cases where there was, in the beginning of the fits, a local cramp, resulting from a secondary irritation of the nervous centres, *i. e.*, produced by a reflex action, due to the excitation of sensitive nerves near the muscles attacked with cramp.

Romberg says that there are two kinds of aura epileptica; a sensitive and a muscular one. The sensitive consists of various sensations, the muscular consists in a cramp (*loco cit.*, p. 674). This distinction is more apparent than real. If there are cases where cramps are not reflex movements, depending upon the irritation of a sensitive nerve, and in which they result from the direct excitation of some parts of the nervous centres, such cases ought to be distinguished from those where a cramp is connected with an aura epileptica. Besides, when this connection exists, *i. e.*, when either a felt or an unfelt irritation of a sensitive nerve causes a local cramp by a reflex action, before it produces the other phenomena of a fit, the cramp is only apparently an aura.

In reality, there is only one kind of aura epileptica, if we leave to this word the meaning which it has had for centuries, *i. e.*, a local sensation preceding a fit. This sensation in some cases exists without any cramp; in other cases it seems to co-exist with a cramp in the neighborhood of its starting-point.

In cases where the irritation of a sensitive nerve causes a fit without being felt, there may exist a local cramp, but the name of aura cannot be given to this cramp, as it is only the first reflex

manifestation of the preliminary irritation, the existence of which may be found out, as I have said, in § XI.

[To be continued.]

---

#### HOURL-GLASS CONTRACTION EMBRACING PLACENTA AND CHILD.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The novelty of the following case, which occurred in my practice, induces me to send it to you for publication, if you should deem it of sufficient importance to the profession generally.

Having been called to Mrs. R., on the evening of the 11th inst., I found her in her fourth labor, and with twins. She was of unusually large dimensions, but rather emaciated in the face and upper extremities. The lower extremities were œdematous. The labor progressed normally till the birth of the first child. This presentation was a natural one, after which the pains seemed to cease almost entirely, leaving the remaining fœtus unusually high up in the epigastric region.

This, however, caused me but little uneasiness at the time, having ascertained that there was but little or no hæmorrhage. I waited some time for the return of the pains to expel the remaining child, but was disappointed, and began to fear for its safety from the detachment of the placenta, inasmuch as I had previously ruptured the membranes, and an uncommonly large quantity of liquor amnii had escaped. I gave ergot in usual doses to induce stronger pains, but the fœtus remained in the same position as before. I now determined to ascertain what the difficulty might be, preparatory to delivery. Upon the introduction of the hand (for I could not touch any presenting part with the finger), there was an "hour-glass contraction" of the womb at about the middle, embracing the remaining child and the placenta in its upper half, with a hand presenting at this abnormal "os uteri." I now became alarmed for the safety of the child, and resolved to turn and deliver as soon as possible. After a great deal of difficulty, and pain to the mother, I succeeded in insinuating my hand through the contraction, at the same time dilating it as much as possible, and secured both feet. The delivery was then effected in the usual way, and without much difficulty, excepting the passage of the head through the contracted portion of the organ.

The child, when born, was asphyxiated, but breathed and cried lustily after some time spent in artificial respiration. The two placentæ, united, followed the head of the second child.

I might here state that all the power of contraction after the birth of the first child, was confined to the upper half of the womb, the lower portion remaining perfectly relaxed till after complete

expulsion, when the whole organ contracted normally in the hypogastric region.

"Hour-glass contraction" of the womb upon the placenta after delivery, has occurred in the practice of many accoucheurs; but I do not remember to have seen reported an hour-glass contraction embracing both placenta and child.

Yours, &c.

*Baltimore, Md., March 19th, 1857.*

J. THARP.

## ETHERIZATION IN CONVULSIONS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I wish to add my testimony to that of your correspondents who have lauded the value of etherization in convulsions. I have tried it in many cases and in various forms of convulsions—puerperal, infantile, epileptic and hysterical—and have scarcely ever failed to find it beneficial. In one case, some three or four years ago, where there was actual hydrocephalus in a child of some eighteen months or two years old, and where I exhibited chloroform as a last resort, and more with the view of rendering the "act of dying" less distressing and frightful, than with any other expectation, I had the satisfaction of arresting the convulsions and restoring the patient; and, what is more extraordinary, the little fellow, who had previously been subject to "fits" every few weeks, has since had no recurrence of the dreadful malady. I could also tell of almost equal success in puerperal cases, but content myself with merely stating generally the result of my experience.

W. B. CASEY.

*Middletown, Conn., February 26th, 1857.*

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION.  
BY W. O. BROWN, M.D., SECRETARY.

DR. PARSONS gave some account of the most favorable case he had met of the use of the intra-uterine pessary. The case was one of retroflexion of the uterus, in a widow aged 50, who had suffered six years from back-ache, occasional dysuria, &c., and was treated much for lumbago, rheumatism, &c. The symptoms began after a strain, and were increased by lifting or much walking. When first under his care she had a series of abscesses in the cellular tissue near the vagina, and it was not till after some weeks that an examination per rectum revealed the mal-position of the body of the uterus, which rested against the rectum, and was somewhat hypertrophied and knobby. At a consultation then held, there was doubt whether this was not a tumor, perhaps malignant. The first use of the uterine sound pro-



duced great pain when the womb was brought up into place, it feeling as if adhesions were torn up. At all subsequent times the introduction was more painful than the rectifying movement. The uterus tending to topple back, an intra-uterine pessary was used. She wore it for three or four weeks at a time, when a flow of blood would generally come on, and it was withdrawn. She improved much under the application of leeches and caustic to the os uteri, and the frequent introduction of this instrument: and felt that she derived great comfort from the pessary, the necessity of using it also becoming less frequent. This was the only case in which Dr. P. had found intra-uterine instruments well borne.

At a former meeting, where this subject was discussed, Dr. MAURAN mentioned a case in which, several years ago, a young unmarried woman was subject to retention of urine from retroversion of the uterus, and he employed the catheter several times to rectify it. The patient had such an attack once when on a journey, and died.

Dr. BROWN reported the following case of *Eclampsia*. He was called to see Mrs. A. She was the mother of one child, about two years of age, and had had several abortions at an early period of gestation. She was advanced in pregnancy, as she supposed, about seven months. She complained of severe headache, with nausea. The pulse was very small and feeble; there was extensive anasarca, extending to the face and hands. From the character of the pulse, though convulsions were feared, it was thought not prudent to bleed, and accordingly she was directed to place her feet in hot water with mustard in it; to take a saline cathartic, and apply cold to the head. After about an hour the pain in the head was somewhat relieved; the pediluvium had been used, but the cathartic had not been taken, on account of the nausea. The patient was sitting up and thought she felt better, and was intending soon to take the cathartic. She complained of feeling very nervous, and there was a slight convulsive movement of one arm occasionally. As she felt better, for the reasons above given, she was not bled, and was left again with directions to take the cathartic as soon as the stomach would tolerate it. In about an hour after, Dr. B. was called hastily, with the announcement that she was in a fit. Hastening to the house, it was found that she had already had two convulsions, and a third came on almost immediately. The arm was tied up, and a vein opened at once, and as it did not bleed freely, a vein in the other arm was opened. About twelve ounces of blood (by measure) were drawn. She expressed herself as breathing more freely and feeling relieved. Only one or two convulsions occurred in the course of an hour and a half after this. They then returned in frequent succession. A second bleeding was resorted to, but only about four fluid-ounces were taken. This appeared to have no favorable effect, perhaps the reverse, and about one fourth of a grain of morphine was given to her, with a cathartic dose of calomel. This appeared to quiet the convulsions, as they were less frequent and less severe. The morphine was repeated, after an hour or an hour and a half, until she had taken some four or more doses. She fell at length into a slumber, and only one convulsion occurred after this. She had ten or eleven in all. About sixteen hours after the first convulsion she had a movement of the bowels, labor came on, and in about two hours after she was delivered of a living child. The child

lived only some six or eight hours. She continued to improve favorably, and in less than a week, contrary to directions, she was taken from the bed and sat up, and made an effort at walking a few steps. Soon after this, her pulse became rapid, 125 or more in a minute, the tongue became covered with a thin white coat, and there was extreme vigilance or wakefulness. There was at the same time a tendency to constipation of the bowels. She was put upon the use of morphia, with occasionally a few grains of calomel. As diaphoretics and diuretics, the liquid acetate of ammonia and the sweet spirits of nitre were given her, with laxatives as required. In this way, with great care and watchfulness on the part of the nurse, imperfect rest was secured. The patient slowly improved, but several weeks elapsed before she could bear a full light in her room, or more than a slight amount of food without the occurrence of frequent pulse, nervous agitation and wakefulness. When able to sit up and bear a moderate amount of nourishment, she was put upon quinia and iron, and continued to improve till she was able to go into the country. She has continued to take much exercise in the open air, both riding and walking, ever since: and now, after a lapse of more than three months, there is still great excitability of the nervous system remaining, and she complains, not infrequently, of a snapping, unpleasant sensation in the head.

It is a question admitting of much doubt, if in this case the patient would not have recovered better if she had not been bled at all.

---

### **Bibliographical Notices.**

---

*On the Constitutional Treatment of Female Diseases.* By EDWARD RIGBY, M.D., &c., Fellow of the Royal College of Physicians: Senior Physician to the General Lying-in Hospital: Examiner in Midwifery at the University of London. Philadelphia: Blanchard & Lea. 1857. 12mo. pp. 256.

DR. RIGBY has been favorably known to the profession for many years as an able writer on the diseases of women, and particularly, of late, by a series of papers published in the *London Medical Times and Gazette*. He is rather conservative in his opinions, but by no means bigoted. The volume before us is an excellent treatise on the principal diseases of women, and although not remarkable for originality, is full of sound instruction, and will prove of much assistance to those who have to treat this difficult class of maladies. As the author states in the preface, the book is of a wholly practical character. The diseases are well described, and a large space is allotted to the department of treatment. Those who have been baffled in the search for remedies capable of controlling the various morbid conditions of the female sex, will here find a large number to select from. The author leans to the opinion that the various diseases of females, both functional and organic, are rather the result of general or constitutional, than of local derangement: hence, the treatment he recommends is especially directed to the system at large, for the purpose of invigorating the general health, and of modifying any morbid tendency in the constitution.

We shall briefly glance at a few of the subjects treated by Dr. Rigby, in order to convey a general idea of the character of the work.

"Amenorrhœa," says the author, "like the other functional derangements of the uterine system, is, in fact, a *symptom*, as well as an effect, of general derangement; and it behooves the practitioner to look beyond the mere local affection, and carefully investigate the abnormal or defective actions of the system upon which it essentially depends. To use an admirable expression of Dr. Latham's upon the subject of tubercle, it is but a fragment of a great constitutional malady."

The treatment is to be directed, in the first place, toward the chylo-poietic functions, by administering medicines of an alterative and laxative character, by enjoining early hours, regular habits, exercise, and attention to the state of the skin. Then tonics must be employed, among which, of course, iron holds a high rank, sometimes combined with gentian, quinine, or hop. Change of air, and residence at the sea-side, are valuable adjuvants. As local remedies, Dr. Rigby recommends aloes, and ammonia in enemata, and sinapisms to the breasts; but he considers iodine, especially in combination with iron, and ergot, as the most valuable emmenagogues which we possess. At the same time he insists that medicines of this sort are very rarely needed in the treatment of amenorrhœa. We are surprised that he makes no allusion to electricity, certainly one of the most powerful emmenagogues we possess.

*Dysmenorrhœa* is classed under two heads, functional and mechanical. The former is connected with derangements of the digestive organs, with a gouty or rheumatic diathesis, with hysteria or neuralgia, with some inflammatory condition of the uterus, usually the os and cervix, and with ovarian irritation. Of course, the treatment must vary according to the general condition upon which the disorder depends, the object being to correct the peculiar diathesis by appropriate remedies, before employing special means to overcome the functional derangement. Under the head of *mechanical dysmenorrhœa* come those cases in which the catamenial secretion is obstructed in its passage by a contracted or closed state of the os uteri, or canal of the cervix, the chief feature of which is, that the *pain precedes the discharge*. In this case, after due attention to the general health, the obstruction is to be removed by dilatation of the os or cervical canal. The author recommends an instrument with steel blades, which, after being introduced into the canal, shortly before the menstrual period, are opened, and allowed to remain so for a minute, producing, by steady pressure, a considerable dilatation. The sponge tent, and incisions, may also be employed.

Dr. Rigby discards the old arrangement of *menorrhagia* into the active and passive forms, but considers the subject under the heads of menorrhagia from hyperæmia; from gastro-bilious derangement, including the arthritic or rheumatic-gouty diathesis; from mucous irritation; from gouty irritation; from ovarian irritation; from debility; and from displacement, organic disease, and polypus. He believes that iron possesses no emmenagogue properties *per se*, but only indirectly as a tonic in the amenorrhœa of debility. The sulphate and hydrochlorate of iron he thinks produce an opposite effect in passive menorrhagia, and by giving tone to the vessels, control the profuse



ness of the discharge. He recommends the persulphate, in combination with sulphate of magnesia and sulphuric acid, in these cases.

*Uterine and vaginal discharges* are not to be looked upon as so many distinct affections, but merely as symptoms and effects of certain morbid conditions of the uterus and vagina. To consider them as specific diseases, would be, according to the author, as unpractical and erroneous, as it would be to treat of an affection called *expectoration*. He treats the subject under the heads of discharges connected with functional derangement, and those arising from organic disease. The former, which chiefly demand attention, may be simple leucorrhœa, arising from a relaxed condition of the vagina, owing to derangement of the digestive organs; the "white mucous discharge," caused by inflammation of the cervix, and by a rheumatic or gouty habit; and the purulent discharge, which is chiefly seen in connection with abscess, vaginitis, gonorrhœal and other venereal affections. This distinction is somewhat confused; certainly inflammation of the cervix, abscess, vaginitis, gonorrhœal and other venereal affections, are organic diseases. The author, however, evidently intends only to separate these affections from the inflammation and ulceration of the os and cervix uteri, the study of which has occupied so large a share of the attention of the profession, of late years.

Like most of the affections peculiar to the female sex, Dr. Rigby considers *inflammation of the os and cervix uteri*, also, as less an idiopathic affection than one of a secondary character. He says, "I can no more look upon the inflammation of the os and cervix uteri as a primary disease, causing derangement of the general health, &c., than I could on a gouty toe, a rheumatic knee-joint, or enlarged strumous gland. Most of these uterine affections are the local manifestations of some general derangement, but which, in their turn, re-act as causes, producing their own set of sympathies and effects."

"I cannot understand upon what grounds it can be justifiably asserted that the uterine organs follow a different law in this respect to any other organ or part of the body. If we take the various morbid appearances which the mouth presents, as regards the tongue, fauces, tonsils, &c., we do not usually look upon these as purely local affections, producing symptomatic derangement, but as the local effects and evidences of a general condition of health, and should condemn the treatment which advocates mere local applications, as highly empirical and unscientific."

Besides arising from general derangement of the system, the author admits that inflammation may be induced by causes of a more local character, as exposure to cold, violent horse-exercise, and inordinate sexual intercourse, and also "the *dishonest* application of caustic to the os uteri, at intervals so short as to render it impossible for the effects of the first application to have healed before the second was made, and continued at this rate for such a length of time as to set up severe irritation, and even produce very serious injury."

The symptoms of the disease, when caused by such treatment, he considers to be more violent than in those cases which are produced by more common causes. The inflammation is of an unhealthy character, and the parts have "a pale, ashy hue, much injected with vessels, just as is occasionally seen in the throat of an unhealthy person who has been suffering from repeated attacks of quinsy."

*Ulceration* of the os and cervix is of course considered by our author as a local result of constitutional derangement, and treated accordingly. He very properly objects to the term "ulceration" as applied to so many different appearances of the neck and mouth of the womb, some of them having nothing to do with this process, which, unconnected with malignant disease, is in fact a rare affection. The local treatment of ulceration laid down by Dr. Rigby, does not differ from that recommended by most authors; it must always be preceded by remedies addressed to the general system, and especially the digestive organs. In this, as in almost every other disease described in the work, the liver appears to be eternally getting out of order, and nothing can be done until this organ is stimulated by a good dose of blue pill. In the mean time, the author, in his anxiety to describe the *true* ulcer of the cervix, has forgotten to enlighten the reader concerning those various affections which are often *called* ulceration. In particular, we could have wished to learn something about his treatment of that common disease, the granular condition of the mucous membrane around the os, and often extending into the canal of the cervix, which has caused a trial of the patience of many a doctor and patient. On the whole, although these two chapters contain much that is correct in description, and judicious in treatment, we consider them as the least valuable portions of the book.

We pass over the chapters on the different displacements of the uterus, as containing nothing new of importance. Under the head of *fibrous tumor of the uterus*, we find some interesting observations concerning the treatment of this affection. Dr. Rigby believes that in a certain number of cases the disease is susceptible of relief, if not of cure, by the use of remedies. The means he employs are the application of leeches to the vagina, mercurial ointment to the cervix, and the internal use of chloride of calcium, and of the artificial preparation of Kreuznach water, with an additional quantity of bromide of potassium. He appears to be unacquainted with Dr. Atlee's remarkable paper on the removal of fibrous tumor, published in the sixth volume of the American Medical Association's Transactions, although he refers to a case reported by Dr. A. in the *American Journal of the Medical Sciences*. The chapter on *cancer of the uterus* is full and interesting. The practitioner will find a great variety of suggestions on the means of palliating the sufferings of this incurable disease.

In conclusion, although we think Dr. Rigby's work will not rank with the highest treatises on the diseases of females, such as that of West, for instance, yet we can recommend it as the result of the experience of a physician of intelligence and extensive practice, who has devoted his observation specially to this subject.

---

*A Discourse introductory to a Course of Clinical Surgery, delivered in the Amphitheatre of the Louisville City Hospital, November 7th, 1856.*  
By JOSHUA B. FLINT, M.D., Professor of Surgery in the University of Louisville.

An interesting historical sketch of the progress of clinical teaching, from the days of the Babylonians to the present time. Among other things, we are reminded of the fact that asylums for the sick poor are the result of Christian influences, and that their first development in this direction was due to the "unfailing and considerate compassion

of woman," St. Jerome being cited as authority for the statement that the earliest of the Palestine hospitals was established by Fabiola, a Roman matron. Just at this juncture it is very desirable that some Boston matron should follow her example. There never will be a more favorable time.

In speaking of his own pupilage, the author pays a well-deserved tribute to the clinical teachings of Drs. James Jackson and John C. Warren at the Mass. General Hospital, and the address closes with some excellent reminders to both professors and pupils, as to the proper treatment of the feelings of a patient who may be the subject of the examination and exhibition of his infirmities. The necessity of such cautions in some of the Continental hospitals we can very many of us bear witness to, but would be loth to think them necessary in this country. We can at any rate confidently claim for our own neighborhood that no taste for display or brutal indifference to delicacy would be tolerated by either the profession or the community.

\*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 2, 1857.

### FORMATION OF A MEDICAL BENEVOLENT SOCIETY.

A NUMEROUSLY attended meeting of members of the profession was held at the rooms of the Massachusetts Medical Society in Temple Place, on Thursday, March 19th, to take measures for founding a Benevolent Society among the physicians of Massachusetts. At this meeting, a committee, appointed several months since by one of the medical associations of the city, presented the results of their inquiries regarding the constitution of similar societies in this country and England, and their conference with a committee of the Councillors of the Massachusetts Medical Society. A plan of organization was proposed, embodying the principles which the experience of other societies had proved of practical utility. This plan was approved by the meeting, *nemine contradicente*, and a code of by-laws was adopted.

The purpose of the Society is to accumulate a permanent fund, of which the income, together with the annual receipts from subscriptions and donations, shall be applied for the relief of members of the association, or their families, who may require assistance, and also of other physicians, not members of the Society, who may have become disabled while engaged in the honorable discharge of their professional duties. The distribution of relief will be entrusted to the Council of the Society, who will hold regular meetings for that purpose.

We think the Society has done wisely in rejecting the principle of guaranties to members, which is adopted by health insurance companies, and by some other associations for mutual benefit: as also in extending its sympathy and aid, as far as its funds will allow, to the distressed families of medical men who have never contributed to its funds. This enlarged philanthropy is a worthy expression of the spirit which should distinguish the members of a liberal profes-



sion ; and will do more to elevate the institution, and to invite additions to its funds from those who are not physicians, than could be effected by any more narrow policy.

The Society will be located at Boston, in compliance with the law of the Commonwealth, which requires that the location of every corporation organized for charitable purposes, shall be distinctly specified ; and also because it is important that a society established for such objects should have a well-known head quarters for the transaction of its important business. that of relief ; but it is proposed that every honorable physician in the State, who desires to become a member, shall be included in its ranks.

Admissions will be obtained by election ; and members may withdraw at any time, if they desire to do so, upon giving notice of their wish. The assessments are, for the first year three dollars, afterward two dollars annually. By the payment of twenty-five dollars at one time, a member may become a Life Member and be exempted from further assessments. A donation of fifty dollars at one time will constitute a person a Benefactor of the Society. It is to be hoped that here, as in English societies, large contributions to its funds will be made by persons in the community at large, as a mode of expressing their obligations to the profession.

We have sketched the principal features of the newly-formed association. But its usefulness as a help in time of trouble will constitute but a part of the benefits which must arise from it. Composed, as it must be in great part, of gentlemen who join its ranks with no expectation of requiring its aid, but because they think such an institution demanded for the honor of the profession, it will foster sentiments of mutual kindness and esteem, and raise the standard of professional character.

Great interest has been manifested in the organization of the Society, and it already embraces a large number of members from various parts of the State, including many of the most distinguished gentlemen of the profession.

Copies of the By-Laws, or any further information, may be obtained, as we understand, of the Secretary.

The following is a list of the officers, who also constitute the Council :—*President*, Dr. George Hayward : *Vice President*, Dr. George H. Lyman ; *Secretary*, Dr. Henry W. Williams : *Treasurer*, Dr. William E. Coale : *Trustees*, Drs. Charles G. Putnam, Augustus A. Gould, J. Mason Warren, Morrill Wyman, Samuel Cabot, Jr., E. W. Blake, Charles E. Buckingham, Francis Minot, Algernon Coolidge.

#### WEIGHTS AND MEASURES.

THE following remarks, from a valued correspondent, call attention to a subject of no little importance. There is no excuse for official *meddling* in matters of life and death. It will be found a very different thing to tamper with druggists' implements, from what it is to overhaul grocers' weights and measures. Let the " sealer " beware how he regulates—or attempts to regulate—the process of dispensing articles so potent as those alluded to in the communication subjoined ; at least he will find his account in so doing if he ever gets a prescription answered at any establishment where the weights have been *wrongly corrected* ! Our friend says—

"Some of the daily papers have been complaining of the absurdity of the present law, which requires weights and measures to be sealed. I did not suppose, in reading those complaints, that the medical profession were directly affected by it. During the past week, two druggists have showed me weights and scales which have passed the sealer's hands, according to law. In both cases, the weights were actually rendered incorrect by the officer. In one case, a silver scale pan had been bunglingly trimmed with the shears, so that its appearance was much injured, instead of the proper adjustment having been made by altering the beam. Whether the scales were previously correct, is of little consequence, when it is considered that they are now very far from correct. The owner of these scales also showed me three weights, marked six grains each, no two of which agreed, no one of which, according to his statement, weighs six grains now, and one of which weighed actually less than a five grain in the same package.

"I am told that there are no standard grain weights in possession of the sealer; and if so, his sealing can be of no earthly use.

"Why should a druggist's compounding scales and weights pass the sealer's hands? They are not to sell by, neither are they to buy by, but simply to compound by. He measures grains and scruples with them; but he sells by the pill and the powder. A pill of one grain costs the same as if its weight were five grains.

"When a druggist doubts the accuracy of his weights and scales, there should be some one to whom he might apply to have them proved; but it ought not to be in the power of any officer to demand, under penalty, the weights and scales by which morphia and strychnia are measured out, and then alter without making them correct. The medical profession and the public, as well as the druggist, are interested in this matter.

C. E. B."

---

#### MORTALITY OF BOSTON IN 1856.

DURING the year 1856—as we learn from the Annual Report of the City Registrar, which was more particularly noticed in last week's Journal—there were 4,253 deaths in the city of Boston, being an increase of 173 over the number recorded in 1855, but 188 below the record of 1854. The only epidemic was scarlatina, which proved exceedingly virulent during the latter part of the year, having caused no less than 362 deaths, or 8.51 per cent. of the whole number. It has been prevailing since March last, in which month 10 deaths occurred, and they gradually increased to the end of December, 115 fatal cases having occurred in that month. The greatest number of deaths occurred in children between the ages of 3 and 5, viz., 96. Between the ages of 5 and 10 there were 78 deaths: from 2 to 3, 76; from 1 to 2, 72; under 1, 28; from 10 to 15, 8. Of all the deaths from this cause, 95 are reported as of native birth, 28 were foreign born, and 239, or 66 per cent. of the whole number, were children of foreigners. The last two classes make 73.75 per cent. The localities in which the disease prevailed most extensively are such as we should expect, and show that an elevated situation, cleanliness and good habits afford a strong protection against the virulence of the disease, as surely as filth, want of ventilation and a low situation favor its prevalence and severity.

The deaths from *consumption* last year were 760 in number, being an increase of 25 over last year's record, and making 17.87 per cent.

of all the deaths. Of those dying from this disease, foreigners make 63.81 per cent., and, as might be expected, the greatest number of victims were from those quarters of the city which are chiefly occupied by the overcrowded, ill-ventilated dwellings of the Irish, which people furnished 52.63 per cent. of the entire number.

---

#### M. THALBERG AND THE MEDICAL PROFESSION.

MESSRS. EDITORS,—Within the last three months, Boston has been twice visited by the greatest of living pianists. This is not the place to touch upon the distinguished merits of Mr. Thalberg : but we cannot allow the opportunity to pass without saying a word in acknowledgment of the delicate compliment he has paid, on both occasions, to our own as well as the other liberal professions by his polite invitation to its members to attend his concerts.

We have been surprised that an act of courtesy, the more marked because it is, we believe, quite unusual, should have been allowed to go so long unnoticed ; but Mr. Thalberg may be assured that the members of that profession which owns a common patron with the divine Art of which he is so distinguished a master, are not without a true appreciation of this mark of his attention. Although we cannot suppose that any have availed themselves of Mr. Thalberg's kindness, who, under other circumstances, would have neglected the rare opportunity of seeing and listening to one whose advent among us has already proved an era in the history of music in this country : yet, not the least pleasing reminiscence of his visit will be that to his generosity we were indebted for the privilege of first entering within the charmed circle of his magic powers. E.

---

#### SOCIAL ENTERTAINMENT OF THE SUFFOLK DISTRICT SOCIETY.

THE social entertainment at the close of the regular meeting of the Suffolk District Medical Society, on Saturday evening, was a most successful affair. Some eighty members attended and partook of an elegant entertainment, which reflected much credit upon the gentlemen under whose direction it was arranged. One of the objects of the entertainment, that of awakening an interest in the Society, and inducing some members to attend who have hitherto, from indifference or want of time, neglected the monthly meetings, was fully attained. We noticed several gentlemen who are not often to be seen at the rooms, and we trust that the interest thus awakened will not be suffered to slumber. The Suffolk District Society ought to be the most important one in Boston, and it can become so, if its members choose ; it is in their power to make it the means of advancing the science of medicine, and of raising the profession in the eyes of the community.

---

#### INCOME OF THE LONDON HOSPITALS.

MESSRS. EDITORS,—I find the following in the *Union Médicale* of January 8th, 1857, there quoted from the *London Literary Journal*. At this time it may be especially interesting, and I translate it for you.

R. M. HODGES.

“According to a report prepared by a Committee of the Statistical Society of London, there are in that city 14 hospitals for the treat-



ment of all sorts of diseases, with a revenue of £155,616 ; 36 special hospitals, with a revenue of £119,252 ; 42 general dispensaries, with a revenue of £21,000 ; 18 special dispensaries, with a revenue of £80,645. There are also in London two institutions for the instruction of nurses, with a revenue of £4,740, which with other disposable funds constitute for hospital establishments a total revenue of £310,554. In estimating the moneys dispensed at London for medical aid, the expense of the work-house infirmaries must not be forgotten ; these amount to £28,776, which, with £79,998 for the poor insane, and £4,292 for vaccination, make a sum of £133,056 ; adding this to the afore-mentioned amount, viz., £310,554, we have a grand total of £423,610 (\$2,118,050).

"The number of in-door patients treated annually in the 50 general and special hospitals amounts to 45,808 ; 369,129 are treated at consultations for out-door patients, and the 60 dispensaries afford aid to 232,878 individuals, giving us the enormous total of 647,815 persons gratuitously assisted in each year, a number equal to about one fourth of the whole city's population."

*The New Anæsthetic Agent in Paris.*—The Parisian correspondent of the *New York Times*, in a letter dated March 2d, writes that he had just seen an operation for necrosis of the tibia performed while the patient was under the influence of *amylene*. "It was inhaled," he says, "with more facility than either chloroform or ether ; she even liked it. It took longer, however, to bring her under its influence ; but there was no paroxysmal stage. *She did not go to sleep, and yet she felt no pain* ; her eyes remained open during the whole operation, which lasted nearly an hour, but it could only have been a sort of semi-wakefulness. At the end of the operation, sensibility and full consciousness returned immediately—much sooner than with other anæsthetic agents. They were obliged to hold the agent to her mouth without intermission ; it is thus more volatile than the others." The writer adds that its danger, in comparison to chloroform, is as 3 to 40.

*Case of Retroversion of the Bladder*—Mr. Joseph Hayden, who is well known as the unfortunate subject of this rare and distressing malformation, which renders him unable to earn his living by manual labor, is calling upon physicians and others to contribute a small amount towards a fund, to be invested so as to yield him a life annuity. We can confidently recommend Mr. H. as worthy of the aid which he solicits, and bespeak for him, from those on whom he may call, their sympathy and the trifling pecuniary assistance he asks from each.

*Communications Received.*—American Reprints of European Medical Works.

*Books and Pamphlets Received.*—The Physician's Pocket Dose and Symptom Book. By Joseph H. Wythes, M.D. (From the publishers.)—Catalogue of the Medical College of the State of South Carolina, in Charleston, session 1856-7.—Catalogue of the Officers, Students and Graduates of the New York Medical College.—Catalogue of the Medical Department of the University of Nashville.

DIED,—In San Juan, Nicaragua, Feb. 11th, Dr. Wm. H. Saunders, surgeon of the Nicaraguan schooner *Granada*, in the 37th year of his age.

*Deaths in Boston* for the week ending Saturday noon, March 23th, 63. Males, 39—Females, 29—Accident, 2—apoplexy, 1—inflammation of the bowels, 1—softening of the brain, 1—cancer of the stomach, 1—cancer of the liver, 1—consumption, 13—convulsions, 2—dysentery, 1—dropsy, 4—dropsy in the head, 3—debility, 2—infantile diseases, 4—puerperal, 1—gastritis, 1—gravel, 1—bilious fever, 1—remittent fever, 1—scarlet fever, 9—typhoid fever, 2—disease of the heart, 1— hæmorrhage, 1—intemperance, 1—congestion of the lungs, 2—inflammation of the lungs, 3—disease of the liver, 1—pleurisy, 2—suicide, 1—teething, 1—whooping cough, 1—unknown, 2.

Under 5 years, 24—between 5 and 20 years, 10—between 20 and 40 years, 13—between 40 and 60 years, 13—above 60 years, 8. Born in the United States, 50—Ireland, 15—other places, 3.

*Buffalo Medical School.*—The twelfth annual commencement of the Medical Department of the University of Buffalo (N.Y.), took place on the 25th of February. The candidates for the degree of M.D., fifteen in number, having been examined and recommended by the faculty, their recommendation was confirmed by the Council, and their degrees were conferred by Ex-President Fillmore, Chancellor of the University, who read an excellent address to them. The charge to the graduates was delivered by Professor Austin Flint, and is highly spoken of in the *Buffalo Medical Journal*.

*Commencement at Dental Colleges.*—The annual commencement exercises of the Baltimore College of Dental Surgery were held on the 27th of February, and the degree of D.D.S. was conferred on 20 graduates, belonging to different States of the Union.

The Ohio College of Dental Surgery celebrated its commencement on the 25th of February, in Cincinnati. The Rev. Dr. Ayelott, M.D., President of the Board of Trustees, delivered an address on the *professional studies of the dental pupil*, and then presented five graduates each with a copy of the Holy Bible, and conferred on them the degree of "Doctor of Dental Surgery."

*Mortality of Charleston, S. C.*—The number of deaths in the city of Charleston, S. C., during the year 1856, as we learn from the Report of the City Registrar, Dr. J. L. Dawson, was 1428—viz., whites, 763; blacks and colored, 665—being a proportion of 1 to 34.94 of the population. Among the blacks, were 9 over 100 years of age, and 160 under 1 year. Between the ages of 20 and 40, the deaths among the whites were 301; among the blacks, 94. The deaths by yellow fever are stated to be 203; by consumption, 85; old age, 86.

*American Medical Association.*—The tenth annual Meeting of the Association will be held at Nashville, Tenn., on Tuesday, May 5th, 1857.

All bodies entitled to representation in the Association, would very much further and facilitate its affairs by sending lists of their representatives at an early period to the undersigned.

Resolutions passed at the eighth meeting of the Association, held at Philadelphia :—

"*Resolved*, That no State or local society shall hereafter be entitled to representation in this Association, that has not adopted its code of ethics.

"*Resolved*, That no State or local society that has intentionally violated or disregarded any article or clause in the code of ethics, shall any longer be entitled to representation in this body.

"*Resolved*, That no organization or institution entitled to representation in this Association, shall be considered in good standing, which has not adopted its code of ethics."

Resolution passed at the ninth meeting, held in Detroit :—

"*Resolved*, That any new medical institution not heretofore represented in this body, be required to transmit to the Secretary, with the credentials of its delegates, evidence of its existence, capacity and good standing."

ROBERT C. FOSTER, *Sec. Am. Med. Association, Nashville, Tenn.*

*Medical Miscellany.*—At the late commencement of the University of Louisville (Ky.), the degree of Doctor of Medicine was conferred on fifty candidates.—The New Orleans School of Medicine, which it seems has not enjoyed equal advantages with the older medical institutions in that city as regards hospital and other privileges for its students, has lately been placed on an equality with them by an act of the Legislature.—The citizens of New Utrecht, Long Island, have presented to Dr. S. J. Goodrich a purse containing \$700 as a mark of their appreciation of his services in that place during the prevalence of the yellow fever last summer.—Dr. T. L. Maddin, of Nashville, Tenn., was presented with a splendid cane by his private medical class, at the close of the recent course.—The appointment of John Bacon, M.D., of Boston, as Professor of Chemistry in the Medical Department of Harvard University, by the Corporation, was last week confirmed by the Board of Overseers of the University.—The body of Dr. Oliver Wolcott, of Conn., who died a year ago in California, has been brought home to Litchfield for interment. He was 33 years of age.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. LVI.

THURSDAY, APRIL 9, 1857.

No. 10.

---

## AMERICAN EDITORS OF EUROPEAN MEDICAL WORKS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The article in your issue of the 12th ult., under the signature of X. Y. Z., has both amused and surprised me; amused, because of its self-complacency, and surprised, because of its misrepresentations. It purports to be a protest, apparently quite solemn, against what the writer is pleased to style the wholesale denunciation of American editors of European medical works, and is obviously intended as a rebuke to the Report of the Chairman of the Committee on the "Causes which impede the progress of American Medical Literature," made at the last session of the American Medical Association. It asserts, what no man of sense will controvert, that science is not provincial, but cosmopolitan; that it would be the height of folly to exclude and ostracise foreign works; and that it is necessary to endorse foreign reprints to promote their circulation on this side of the Atlantic. It confounds, moreover, the translators of French and other works with the editors of British works.

I do not propose to enter into a full examination of these points, much as I might desire to do so, because I have not the time, nor have you the space, necessary for such an undertaking. I shall therefore content myself with a few brief comments, believing that they will be quite sufficient to place the Chairman of the Committee on American Medical Literature in a proper position before your readers.

The first point alluded to in the article, is that the Report is inimical to the re-publication of foreign medical works; and the author, in commenting upon the subject, grows quite eloquent with indignation at this supposed anti-catholic spirit. "This charge of promoting British influence," he exclaims, "comes with a bad grace from a man of science, pandering, as it does, to one of the lowest feelings of our nature. Science is cosmopolitan, not provincial; it overlooks nationality, and with a true catholic spirit,



knows no England, no France, no America." These are noble sentiments, and to show how well the Chairman of the Committee appreciates them, I will copy an extract from his Report. "Let us not be misunderstood. We would lay no embargo upon foreign works, or in any manner, form, or degree, disparage their merits, or discountenance their just claims upon the favor and patronage of the American profession. Literature, the arts and the sciences are cosmopolitan, acknowledging 'no pent up Utica' as their home. Like the breezes of heaven, which fan and fertilize the earth and refresh its laborers, they belong to no country and to no age, but to the whole world and to all time. We need no international copyright laws; let there be a free interchange of our intellectual products; let us not place upon them any restrictions, as we do upon calico and other articles of manufacture." The same sentiments are reiterated in the last of the three resolutions appended to the Report, only in much stronger and more direct terms.

Is it not strange that the writer of the article referred to should so singularly misrepresent the views of the Chairman of the Committee? It would really seem as if he had taken special pains to do so, seeing how thoroughly his sentiments, intended to oppose those of the Report, coincide with them, and how nearly they are expressed in the same language. Such mis-statements come with a bad grace from a man of truth and science, "pandering, as they do, to one of the lowest feelings of our nature." So far from being opposed to the re-publication of foreign medical works, the Report expresses itself everywhere warmly in favor of it. But while it does so, it declares that these re-prints should stand or fall upon their own merits, and that it is disgraceful to append to them the names of American physicians as editors. It denounces the practice as unnecessary, as undignified, and as humiliating to our national pride. That the Report is not alone in this opinion, the following passage from a British periodical,\* re-published and widely circulated in this country, will clearly attest. "We may safely say that there is no American school of medicine; whereas there is a French, a German, an Italian, and an English. *Our transatlantic offspring re-print, translate and pirate the medical works of other nations, but they produce little of their own.* Their pathology is chiefly French; their therapeutics English." It is remarkable that this passage, quoted in the Report, and the type of a hundred similar ones uttered against us by the British press, should not have attracted the eye of your critic, and served to make him a little less enthusiastic respecting the editing of foreign works.

Secondly, the writer attempts to justify the practice of editing British medical works on the ground that it is necessary to endorse them in order to promote their circulation. The Chairman of the

\* Ranking's Half-Yearly Abstract, No. 22, p. 305, 1855. Philadelphia: 1856.

Committee, in using this expression, intended to apply it solely to obscure publications, but his critic employs it in a general sense, as is evident from his references. Now can there be anything more amusing, conceited, or absurd this? Stand forth, ye foreign authors, ye Cooper's, Brodies, Watsons, Lawrences, Mackenzies, Fergussons, Millers, Simpsons, Coplands, Cruveilhiers, Pereiras, Quains, Stokeses, Graveses, Wilsons, and the rest of ye, and answer to your names, as ye are called, and tell us why ye have fallen into this practice, so degrading and so disreputable? Why is it that ye are so little known on this side of the great Father of Waters as to require to be endorsed by your "offspring" to give you respectability and currency among the literary thieves who "re-print, translate and pirate your works, but produce hardly anything of their own"? Why is it that the name of John Lilliput, M.D., Professor of Medicine in the University of Egg Harbor, and member of the American Medical Association, must be placed upon the title-page and back of your works to promote their circulation? Why is it necessary to take you by the hand and to warm and fan you into existence in this new, wild and benighted country? Can ye not stand upon your own merit?

It is really difficult, in reading this part of your correspondent's article, to restrain one's gravity. It involves an amount of self-complacency, a degree of self-assurance, almost unknown even to Young America. If there ever was a time when such a practice was necessary, it was in the infancy of the country, before we had any works of our own, and when, as in the case of Hilary and Rush, referred to by the critic, the American editor was much better known than the British author. But in the case of Sydenham, also cited by the writer, the name of the illustrious American was assuredly not necessary to promote the circulation of the immortal Englishman's productions. His own merits were sufficient to secure him readers anywhere, even in the New World, among the Delawares and the Choctaws. In the time of Rush, our country could not boast, as it now can, of forty medical journals and of forty medical schools, which disseminate among our pupils and practitioners the names of foreign authors as soon as their works are ushered into existence. Then our country had few graduates, and hardly any medical authors. Now things are changed; at present everybody reads, and almost everybody writes; and no work is re-published whose merits and defects are not made speedily known through the medical press. The critic of the Report loses sight of these stupendous facts when he talks of the necessity of American physicians endorsing foreign re-prints to promote their circulation.

Thirdly, the writer, in speaking of the necessity of editing foreign works, has mixed up translators with editors, placing them apparently in the same category. Such an association is unjust. The translator of a French, German or Italian book is a very different being from

the jejune editor of a British re-print. To translate a work is almost equal to writing an original one. It is a task which Great Britain herself does not disdain, as is shown by the transactions of the Sydenham Society of England and the doings of her London physicians. The practice extends back to the seventeenth century. I would not place, for example, the translator of Velpeau's Surgery or Velpeau's Midwifery in the same rank with the mere editor of these works. They are entitled to a higher position. The American profession owe Dr. Townsend and Dr. Meigs a debt of gratitude for having rendered these inestimable treatises accessible to our physicians. Through the medium of their labors thousands have been enabled to read them, to whom they would otherwise have been sealed books, from a want of a knowledge of the French language. Dr. Hayward, in translating Bichat's General Anatomy, conferred an immense benefit upon his medical countrymen. By his translation of La Place's "*Mécanique Céleste*," Dr. Bowditch placed not only the American but the whole British nation under the deepest obligation. He unlocked the immense treasure, and put it within the reach of every man that speaks the English language. He achieved what a mere editor never achieves.

Fourthly, the critic asserts that "but few works have been edited by American physicians which have not been improved by the notes and additions made to them." This may be true; perhaps it is true, but it would not be hard to point out exceptions. It has been said that there is no book, however indifferent, that may not be read without some profit, and I suppose that there is hardly a British medical work, however exalted, that might not be somewhat improved. But is a man to put his name upon a book simply because it is not wholly perfect? If this principle be carried out, there would be no end to our labors. Imperfections abound everywhere; and if a man's book is to be amended on account of a trifling error or omission, why not amend his carriage, or his wife's nose.

Fifthly, "In *many* cases the value of these re-prints," says the critic, "has been, at least, doubled." If he had said in one or two instances, he would have been much nearer the truth. The question naturally arises, whether such a Siamese connection is at all justifiable in authorship, or, if justifiable, whether it is really dignified? It is presumable that a man who can so far improve a foreign re-print would be able to produce a superior original work, and thus stand out boldly and prominently before his countrymen, instead of hanging on to the skirts of John Bull, who may not feel at all flattered in being thus robbed of his identity.

Sixthly, another statement of the critic, equally exaggerated, is that "in a *large* number of instances the additions have been made at the request, or with the consent, of the original author, and the profits, after deducting the cost of publication, have been divided between the publisher and the foreign author." He in-



stances Draper's Kane's Chemistry and Lee's Pereira "On Food," in proof of the truth of his assertion. Will he be kind enough to inform your readers how many more foreign authors have fared so luckily? It would be quite interesting to publish the statistics upon this point. We venture to affirm that such examples of good fortune are "like angels' visits, few and far between." Besides, we doubt not but that the prurient editor always plays a much more active part in obtaining the author's consent in this matter than the author does in obtaining the editor's.

Finally, is it not surprising that the critic of the Report should have completely lost sight of its main object? Its plea is in behalf of American medical literature, and of American medical text books, not in behalf of a selfish, narrow, restrictive policy, which would exclude and ostracise everything not American; in behalf of a more just and enlightened criticism on the part of our medical journals; and in behalf of a better use of the private hospital opportunities of our physicians, surgeons and accoucheurs in the production of works that shall aid in the establishment of an original, a vigorous and an independent national medical literature. We need all the light we can obtain; but for God's sake, and for the sake of our country, let us produce a little more ourselves, and borrow less from our transatlantic brethren. Let these editors busy themselves a little more with their brains and a little less with their hands, and we shall soon have an American medical school and an American medical literature. Until we do this, we shall hardly cease to be a byword and a scoff with the enlightened nations of Europe.

TRUTH.

#### DR. CHANNING'S CASES AND NOTES.

[Continued from page 174.]

CASE V.—I had attended Mrs. — in a short and easy labor, and left her doing perfectly well. An urgent message called me from home. I returned in about an hour, and called to see Mrs. —. I found two physicians in attendance. Mrs. — had been comfortable for a short time after I left, when sinking and faintness occurred. Physicians were sent for, as I was not at home, and, only slight external hæmorrhage existing, stimulants with opium and acetate of lead were employed. I passed my hand over the abdomen, and found it to be apparently as large as before delivery. The hand was at once passed into the womb, which was found distended with coagula. These were broken down. The womb at once contracted, and expelled my hand and its other contents. Mrs. — at once made a deep inspiration, exclaiming, "I am relieved—I shall live." The pulse and warmth returned,

as did the color to her face. Her convalescence was shortly accomplished, and recovery complete.

It was asked, why is the womb so indisposed to contract under the different circumstances above supposed? It is a muscular organ, and has expelled the fœtus by muscular power. Muscular power remains in the cases supposed, and how sufficient for its ends was it under the disastrous circumstances of Mrs. ——'s case! Still the power was not exerted. The heart is a hollow muscle, as is the gravid uterus. How true to its function is it, both under the stimulus of fulness, and when it is empty, its dilatation being as truly functional as its contraction. The womb may remain as quiescent under a state of distension as if empty, but, so to speak, will spring into efficient and irresistible action by simple mechanical excitation. Why this is so, I do not know; but the fact teaches a lesson of the importance of the fullest preparation for instant and efficient action, in unlooked-for and rare emergencies, in order that we may at once understand the cause or causes of such occurrences, and at the same moment how such a case should be treated.

Suppose there be sinking, and this out of proportion to the blood lost, uterine effort having nearly or entirely ceased, the placenta being retained, and the child has been artificially or naturally delivered. Our first object should be to learn if organic lesion has been the cause of suspension of uterine action, and the attendant sinking. We can certainly learn if the womb has been ruptured, or the vaginal cul de sac lacerated. But how may we distinguish the effects of grave organic lesion from those of simple hæmorrhage? These last are small, compared with the first. Look at the cases of simple peritoneal fissures, I believe first described by Dr. John Clarke, of London, and of which I have met with two cases, both of which were fatal. We learn from these how essential to safety and to life is the perfect integrity of the womb in its relations to pregnancy and to labor. We can discover the graver, and, so to speak, nearer lesions, as of the womb proper, or the *cul de sac*. Suppose we have made this discovery, and the placenta is still adherent, or but partially separated. The patient should be placed under the power of pure sulphuric ether (I never in such cases use chloroform), and an examination made. If no separation, I should wait, and use such means as would do most to relieve the system from the effects of the shock which it has received from organic lesion. Opiates would seem to promise well under such circumstances. Ether and chloroform combined, given internally, may be employed, as may also stimulants, as warmth, &c. In the rallying which may follow, the placenta may be separated and removed. If the womb be ruptured, the fœtus and after-birth will, with rare exceptions, have escaped into the abdomen.

Suppose there be partial separation and hæmorrhage, with unsatisfactory uterine action. The placenta may be detached, and the means of producing contraction employed. Suppose there be morbid adhesion and hæmorrhage, with uterine or vaginal lesion. This forms one of the gravest complications of labor. In it we have the sinking of shock, and the additional exhaustion of power, and of the means of its renewal by hæmorrhage, with the chances of increasing existing exhaustion by our attempts at remedy. Skill with knowledge, if fruitlessly employed, and above all, ignorance with a like result, are forms of "meddlesome midwifery" the most seriously to be rebuked. To examine, in order "to see what may be done," under similar circumstances, without preparation for what we may encounter in our uterine explorations, and especially without such knowledge as will enable us to know what actually exists, may only increase the peril, or lead to efforts which may precipitate a fatal result.

Two methods of raising the adherent placenta are recommended. 1st. Spreading the fingers over its surface, and drawing them together towards the cord with moderate pressure. This may stimulate the womb to contraction, and enables us, it is alleged, to raise the placenta in a mass, whereas in peeling it up from the edges there may be much blood lost before we can detach and remove the whole. The second method is to peel it up, and is more frequently resorted to than the first, because in most cases an edge is already detached; very rarely is the centre separated, the edges remaining adherent. I remember but one instance of this central detachment. It is related in Saumarez's *Physiology*. The patient died soon after delivery, with retained placenta, without the least preceding hæmorrhage. Upon examination after death, upon raising the placenta, it was found separated, not at the edges, but its central portion; and in the space between it and the womb about a pint of blood, by estimation, was found, and this small loss had produced death.

It is sometimes attempted to remove the adherent placenta by pulling at the cord, or to aid attempts to separate by a like effort. But it is a useless, and very unsafe one. The cord may either break, and deprive us of an easy guide to the placenta, or invert the uterus; but it will not detach the placenta, or aid its separation. It should never be tried in a case of real difficulty. Gentle traction will do no good. A strong pull can only do harm.

Suppose we cannot detach the whole placenta by such efforts as we may deem safe. Be content with removing what may be readily removed, and leave the rest. It has been left to itself, when so adherent that no portion of it could be separated. Cases of this kind have occurred under my own observation. The placenta has not been thrown off at all, but by absorption, or in some other way, has disappeared. The patients have done well, and afterward



have had children. A case was published some years ago in which adhesion of a double placenta—of twins—could not be detached. They remained, and to preserve them from decomposition, daily injections of a solution of sulphate of alum were used. In six weeks the mass came away, and in a state of perfect preservation. The recovery was good. I have met with more than one case in which it came away some weeks after labor. Abortion and premature labor have presented most cases of embarrassment from retained placenta. Manual assistance sometimes cannot be rendered, and plugging the vagina is the only means of stopping loss.

Permanent adhesion may be the product of morbid processes during pregnancy. These generally occur after the middle period, or later, of this function. Pain often attends them, and in some cases is a very distressing symptom. A case was reported in the Journal for March 19th, in which constant pain was felt in the right side of the uterine tumor, making it impossible for the patient to lie on that side, and greatly disturbing sleep when on the left. I was greatly surprised to find that not the least adhesion existed during the labor, the last stage being accomplished without any difficulty. I remember distinctly three fatal cases from retained, or undelivered placenta.

CASE VI.—Mrs. — was delivered of her *first* child after a very severe labor. She was seized with puerperal fever in its gravest form. I was called by her two physicians in consultation. After-pains had continued from delivery, and tormented her still. I observed, when the pains occurred, that a strong expulsatory effort attended them, and asked permission to make an examination. The os uteri was found distended by a solid mass, around which I could carry my finger. There had been no symptoms of inverted womb. It was asked of the medical attendants if this mass should be removed. This was assented to, and it was taken away. It proved to be the placenta. The cord had been broken off in attempts to deliver it, and a large solid coagulum following, this was believed to be the after-birth. Some relief followed the removal of the retained organ, but the fever continued, and was soon fatal.

CASE VII.—In this case the retained placenta had precisely the situation of the above. It had rested in the os uteri for months. The patient had been ill since her confinement, and was found in bed at my visit. Her physician diagnosticated a tumor, but could not make out its nature. In my examination it was found perfectly easy to carry my finger round the tumor by gently dilating the os uteri; as it was not found adherent anywhere, it was easily removed. It was at once seen to be the placenta.

CASE VIII.—Mrs. — was easily delivered of her child, but the placenta was retained. She remained very ill for some weeks after, when I was asked to see her. The placenta was felt distend-

ing the os uteri. It was perfectly firm. The finger went between it and the womb its whole length, but the end of the mass was not reached. It was agreed to try to remove the mass by extraction applied at its lower end. The effort was successful. The placenta was cylindrical, long, of a greyish spotted color, and very firm. Some relief of pain followed, but soon was replaced by acute peritonitis, which was fatal. Dissection showed the womb to be long, firmly and cylindrically contracted, and in its fundus an abscess, which had produced absorption of the peritoneum, and by the opening thus made, the pus had passed into the peritoneal cavity and produced fatal inflammation.

CASE IX.—I saw this case two weeks or more after the child's delivery. The os uteri was accurately closed, at least it was found impossible to reach its cavity. Mrs. — had suffered severely from uterine contractions. The womb seemed at no time to have reached the point of tolerance of the foreign body within it. Symptoms of peritonitis at length appeared. The patient sank and died. Upon laying open the peritoneal cavity, the uterus was found large, and from its broad fundus protruded a dark-red and shaggy mass, which proved to be the placenta, which by destructive inflammation had made for itself an opening through the womb's substance, and lay, partly extruded from it, in the peritoneal cavity. This to me was an exceedingly interesting case. It resembled the preceding case somewhat in the time at which death occurred, and in the pain and the absorption of the peritoneal covering of the uterus.

CASE X.—Mrs. —. Consultation, in the country. Some months since last labor. Has been ill ever since—confined to her bed with constant pain in uterine region, vaginal profluvium—is emaciated—pale. A tumor projecting somewhat from os uteri has been discovered by Dr. —, her physician. The tumor was easily felt by me. My finger could, with some force, be carried above and round the tumor, showing that it was not attached to the womb. This was stated to Dr. —, and it was added that I would remove it if no objection was made. Consent was given, and the tumor brought away. It proved to be the placenta. It was of a grey mottled color—exactly resembling in this respect that of Case VIII. It was globular, and very firm. No hæmorrhage followed, and recovery was rapid.

Some time after, I attended a patient in the same town. Labor was easily and soon accomplished. Not long after I left, Mrs. — was seized with severe, and, to her, unusual uterine pains. Dr. —, who called me to Case X., being much nearer than I was, was sent for, and soon after his arrival, a large and very solid coagulum was expelled. He at once pronounced it the placenta which I had left in the womb, having first broken off the cord. The nurse had not disposed of the placenta, and brought

it into the room and showed it, with the cord attached, to Dr.—, proving that his *diagnosis* was not as good as was his memory of the *tumor* case, marked No. X.

P. S. MESSRS. EDITORS,—I promised lately to give you a paper; but as certain clergymen put off sermon-writing till Saturday, I kept my promise in abeyance till the last moment, and then wrote my sermon, which if measured by my text may be thought somewhat too long. I beg you to read the manuscript, not merely that you may share with me any responsibility it may involve, but to add to its value by making all and every such correction, omission or change you may think necessary. Please insert this postscript with the paper if you accept it, and believe me very truly yours,  
*March 17th, 1857.* W. CHANNING.

#### REMARKS ON THE TREATMENT OF THE NIGHT SWEATS OF CONSUMPTION.

BY EDWARD JENNER COXE, M.D., VISITING PHYSICIAN, CHARITY HOSPITAL,  
 NEW ORLEANS, LA.

[Communicated for the Boston Medical and Surgical Journal.]

IN the latter stages of consumption, of the many unfavorable symptoms frequently co-existing, no one is productive of greater distress to the sufferer than the exhausting night sweats, the difficulty or impossibility of arresting which is recognized by almost all of our standard authorities. Depending, in great measure, upon excessive debility, the result of the peculiar depressing influence of the disease upon the more important organs of the body, our main resource is to remove this, by the employment of a nourishing diet, mineral and vegetable tonics, and those external applications recommended by all practical writers.

In directing attention to the employment and real value of certain remedies, which for some time I have used with marked effect in controlling and removing this most unpleasant symptom, it is proper to state, that in the wards of the Charity Hospital under my charge, as also in private practice, I have, during the past eighteen months, had opportunities of testing their success. Inasmuch as previously to employing them, all the usual remedies had been tried without permanent success, and as experience in a sufficient number of cases now authorizes a positive opinion, I cannot but regard it a duty to promulgate a knowledge of the fact.

The remedies generally employed for the purpose of alleviating night sweats in consumption, are the following. Small doses of opium, as found in Dover's powder, or compound kino powder; gallic or tannic acid, alone, or conjoined with morphia; sulphuric acid, as commonly used in elixir of vitrol, which last has been commended by the late Dr. Morton, used with sage tea, in the



dose of a wine-glassful three times a day, or only at bed-time; a pill of sulphate of iron and alum, at bed-time, or more frequently during the day; a cold infusion of wild cherry bark. Dr. Theophilus Thompson, of London, speaks in high terms of the efficacy of four grains each of oxide of zinc and extract of hyoscyamus or henbane, and remarks that no remedy which he had employed had exercised so uniformly favorable an effect in moderating the night perspirations. He says that he had occasionally substituted the sulphate of zinc, in doses of two grains, with advantage, but, generally speaking, with less efficiency. Dr. T. observes, "I am particularly anxious to direct your attention to the valuable properties of zinc, because the preparations of this metal have been disparaged by some writers of authority." Although I had read Dr. T.'s work on Consumption previously, the practical importance of the above escaped me, and it was not until some time afterward, in perusing Dr. Barlow's Practice of Medicine, and disappointed with the want of power of the usual remedies, fully tried, that my attention was fixed upon the following sentence. "It is in this stage that the night sweats are most troublesome, and against them there is no remedy equal to the combination of zinc and hyoscyamus." The following is his formula: R. Zinci sulph., gr. i.; hyoscyami ext., gr. iv., to be made into one pill, and to be taken every night at bed-time. I would remark, that while this combination has succeeded by itself in most of the cases in which it was used, in a reasonably short time, in preventing the accustomed night sweats; in others, with the desire to improve the formula, if possible, different articles were added, varying the proportion of the essentials, in order to allow the exhibition of several pills during the day.

My rule at present is to give the formula of Dr. B. at bed-time, and, several times during the day, a pill composed of different ingredients—retaining, however, in some cases, a small portion of the zinc and hyoscyamus. In one instance, of recent occurrence, although a fatal issue could not be averted, the night sweats, which had long been profuse, were completely arrested by the pill at night and three others during the day, for many weeks before death. The number of cases, in which the night sweats of confirmed consumption have been entirely removed in from three to six days, at times earlier, and in one instance in private practice about two weeks, have been about thirty. In these cases the physical signs were well marked and closely observed by many judges. The different formulæ prescribed, in addition to the original of Dr. Barlow already noticed, were as follows:—

Mrs. S.—R. Ferri Quevenne, ʒ iv.; pulv. zingiber, ʒ i.; pulv. cassiæ, ʒ i.; pulv. calcis phosph., ʒvi.; ferri carb. precipit., ʒ iss. M. Dose, half to one teaspoonful, three times a day, with at night one of the original.

Mrs. St.—R. Zinci sulph., ʒi.; cinchonæ sulph., ʒi.; fer. Quevenne, ʒi.; ext. hyoseyamus, ʒi.; ext. gentian, ʒi. M. Ft. pil. xxiv. Dose, one pill three or four times a day.

Mrs. R.—R. Quin. fer. cyanur., ʒ ss.; fer. Quevenne, ʒij.; zinci sulph., gr. xij.; ext. hyoseyam., gr. xvj.; ext. quassia, ʒ ss. M. Ft. pil. xxiv. Dose, one pill three times a day, and one of the original of Dr. B. at bed-time.

Mrs. B.—R. Fer. Quevenne, ʒ ss.; quin. fer. cyan., ʒi.; tannin, gr. x.; morph. sulph., gr. iv.; ext. hyoseyami, gr. x.; ext. quassia, ʒij. M. Ft. pil. xxv. Dose, one pill three times a day, in addition to pill at night.

Mr. S.—R. Zinci sulph., ʒi.; cinchonæ sulph., ʒ ss.; mass Vallet, ʒiv.; pulv. capsici, gr. vi.; ext. hyoseyami, ʒij. M. Ft. pil. xxiv. Dose, one pill three times a day.

While satisfied that the pill of Dr. Barlow has produced the effect claimed for it, and most probably would eventually have succeeded in all, good reasons existed for my desiring possible additional power by the use of other tonics, and there is reason for the belief that such did result. Although not possessing unlimited confidence in the uniformly desired action of medicines, distrustful of many of the novelties so frequently brought into notice, and anticipating disappointment in the future from the zinc and hyoseyamus, with conjoined remedies, success in overcoming the night sweats of consumption has thus far attended its use. It is my intention, upon the first fair opportunity, to give a trial to the oxide of zinc and hyoseyamus, as recommended by Dr. Thompson. It may not, however, be amiss to see whether, upon good authority—and that of Prof. Wood, of Philadelphia, will not be questioned—it can be shown that a preference should be given to the sulphate over the oxide. Says Prof. Wood, in his late work on Therapeutics, art. *Oxide of Zinc*—"Oxide of zinc is probably inert in its uncombined state, but as there is often free acid in the alimentary canal, with which it may re-act, so as to form soluble salts, it is capable of producing the characteristic effects of the preparations of zinc on the system. While the oxide is insoluble in water, and must therefore depend upon meeting with an acid in the stomach, generally, however, existing, the sulphate of zinc is very soluble in water, cold or hot." It is sufficient to state that this is the most astringent of the salts of zinc, and one of the most energetic in its effects on the system, whether medicinal or poisonous. On the part of Drs. Barlow and Thompson, zinc and henbane have been proved to exert a most valuable effect, and my experience with the sulphate is decidedly confirmative of their assertions. Additional experience can alone decide to which the preference should be given.

## Reports of Medical Societies.

---

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

FEB. 23d.—*Growth of a Horn.* Dr. H. J. BIGELOW showed a specimen of horn removed at the Hospital, by Dr. CABOT. The patient, aged 42, married, had always had a large mole where the tumor was situated, at the top of the back, half an inch to the right of the spinal column. She had never had any extraordinary feeling in it until about a year ago. It then began to be sore, when she lay on her back, or when her dress bore upon it. The bunch then commenced to grow, until it had risen a little above the level of the surrounding tissues. It was hard, about the size of a filbert, and immovable on account of its firm deep attachments. She had recently had acute lancinating pains in and about the growth. Her general health had been good, nor was there any cancerous disease in the family.

The tumor was enclosed above in a sort of sac, which enveloped its horny tip. This surmounted a mass of concave epithelial layers, arranged like a pile of cups, corresponding to the matrix of a nail. The length of the tissue constituting the matrix was three fourths of an inch; that of the horn, one fourth of an inch; the whole being of the diameter of a swan's quill and buried in the fat. The horn was about to perforate the cutis by ulceration.

FEB. 9th.—*General Affection produced by the application of Atropine to the Eye.* Dr. BETHUNE mentioned the case.

On finding that the pupil did not dilate on application of a solution of atropine containing one grain to the drachm, an application of double this strength was made three times successively. In the afternoon the patient was attacked with delirium, there being also uncertainty in his gait, with absence of sleep and difficulty of swallowing. On the day but one after, he had another attack of delirium, somewhat resembling *delirium tremens*, seeing imaginary persons in the room. On the following day he was well.

FEB. 23d.—*Unusual Sequela of Scarlet Fever.* Dr. CABOT mentioned the case.

The patient was the father of two children who had both had this disease. The eldest of the two had last taken it, and during the first week of its progress the father was seized with sore throat. There was no eruption: there was, however, considerable prostration, fever, and pain in the bones. The urine was cloudy, and dark colored, but contained no albumen at the time Dr. C. saw him. In various parts of the body small spots soon after appeared, which became painful, and were followed by suppuration, having the characteristics of that following phlegmonous inflammation. There were two of these spots on one arm, and one on the other; also one over the region of the sacrum as large as the palm of the hand. The patient is still under treatment.

FEB. 23d.—*Recurrent Tumor of the Orbit.* Dr. BIGELOW showed a portion of the diseased growth removed by him from the patient whose case was reported at the first meeting in January, and who had been operated upon by himself before that date. The upper surface of the bony orbit itself being affected, Dr. B. did not attempt another



operation for the removal of the disease. Although, as Dr. B. remarked, the disease is microscopically innocent, it is clinically malignant, and nothing further can be done for the patient.

FEB. 23d.—*Ovariectomy, and the other operations for Ovarian Disease.* A question of Dr. JACKSON as to the probable cause of the ill success that had attended the recent operations for ovarian disease in this city, led to some discussion in regard to the relative propriety and success of the various operations which have been and are still in vogue in this disease.

Dr. CABOT alluded to the success that had attended the operation in Paris, by injection of the tincture of iodine, and the favor it had consequently found with French surgeons. Little trouble seemed to follow the operation, except, in a few cases, some degree of inflammation, and, in some instances, the iodic intoxication. In view of the great array of successful cases, he was inclined to consider this mode of operating as on the whole the safest and the best. He spoke of the quantity of the tincture of iodine used by the French surgeons, as important in preventing the putrid suppuration so liable to follow this operation.

Dr. H. J. BIGELOW had formerly operated twice without success, and for a number of years has declined to do the operation of ovariectomy. It puts the patient in great danger, and, from the frequency of the operation out of town, it is probable that there are unrecorded cases which would increase its estimated mortality. In this class of cases, the surgeon encounters a large number of patients, young and old, solicitous to be relieved from a disease which subjects them to discomfort, and sometimes to annoying suspicions; many being still in the enjoyment of tolerable health, and with a fair prospect of life for some years. In fact, these last are the most favorable cases for ovariectomy. There is no surgical operation at once so frequently offering itself, and so largely and immediately fatal, to patients in a comparatively comfortable state. The injection of iodine and the permanent canula are both useful chiefly in the case of unilocular cysts, which are quite rare compared with the usual multilocular form of disease, and not to be distinguished with certainty from the latter. Dr. B. referred to a fatal case resulting from each of these methods of treatment. Tincture of iodine is composed of iodine and alcohol. Alcohol alone would probably be as efficacious an injection in a variety of cases of disease usually treated by injection of the tincture of iodine. The frequent and careful washing out of a large ovarian cyst with a bland fluid after operation, to remove decomposing or acrid discharge, or even of the peritoneal cavity, as recently detailed in a case of Prof. Peaslee, doubtless tends to procrastinate or avert a fatal result.

Dr. WARREN remarked that these cases in London had generally been in the hands of specialists, and that he had not seen the operation performed in any of the principal hospitals of that city. He had himself operated by the injection of iodine, but without effect. He alluded to a case in which Dr. Simpson, of Edinburgh, operated in this way. Eight ounces of the tincture of iodine were thrown in. The operation was followed by pain, swelling, and other constitutional symptoms of considerable severity, from which, however, the patient recovered. He thought it important to ascertain, if

possible, the result in these cases after the expiration of a considerable time.

Dr. COALE alluded to the fact that the time required for the sac to re-fill after tapping, varies in different cases. In one case, in which he operated, in May, 1853, no further operation had as yet been required. Nine pints of a dark-colored and tenacious fluid were drawn off.

Dr. GAY said that some cases recover from simple tapping, and others from local and constitutional treatment. He mentioned cases on record where recovery followed the rupture of the cyst; and referred to certain cases reported some time since by Dr. Channing. With regard to the treatment by the injection of the tincture of iodine, he remarked that this is now undergoing a trial in England; that while in some cases it had been attended with success, in others no benefit followed. In a few cases, the peculiar effects of the iodine had been observed, but these had been recovered from in a few days. In reference to the usual mode of tapping, he said that where this is done, death is pretty sure to follow, sooner or later, in most cases. He had tried tapping and allowing the canula to remain, recently, in two cases (see Boston Med. and Surg. Journal, Vol. LV., p. 409), in neither of which was there any very unpleasant symptoms; in one, none whatever. To the latter operation there seem to be two important objections. 1st, the impossibility of ascertaining beforehand, with certainty, whether the cyst be single or compound, the former being alone likely to be benefited by the operation; there being also the same objection to the operation by the injection of iodine. 2d, the long and tedious suppurative discharge which the patient is necessarily obliged to undergo. He alluded to several cases of treatment by the canula, which had proved successful in the hands of Dr. Trowbridge. He further stated that he should not hesitate to employ the iodine treatment in cases of a single cyst.

Dr. Gay was evidently opposed to the operation by extirpation, except under favorable circumstances, and said that he had recently performed this operation only at the urgent request of patients.

MARCH 9th.—*Disease of the Brain; Convulsions; Death; Autopsy.* Case reported by Dr. C. D. HOMANS, who also showed the specimen. Mr. —, aged 46 years, had always enjoyed good health, though the child of parents both of whom died of consumption. At 16 years of age, he fell and fractured the bones of his nose, the result of which was an inability to breathe through that organ afterward. He was a merchant in Calcutta until within a few years, but of late had resided in Boston. During his residence in the East Indies, he had an attack of what was called "sun-stroke," which confined him to the house for some time.

On March 4th, 1856, while sitting at his desk, writing, he had a severe convulsion, from which he recovered in the course of a few hours so as apparently to be as well as ever. He pursued his business, and continued well till March 31st, when he had two fits while at his club, more severe than that of the 4th inst. His struggles were violent, requiring the efforts of several persons to control them. The next day he was out, as usual.

April 6th, at the house of a friend, he had two convulsions, and was carried home; immediately after which, his mental faculties became disordered; memory of names of persons and things impaired;

he imagined himself away from home, in another house, where he could stay but a limited period, &c. For some days he refused to eat, and the urine and fæces were discharged involuntarily. He soon, however, took food again regularly, and at the end of about three weeks he had recovered strength sufficiently to walk down stairs, having kept his bed previously. He then appeared insane, and it was necessary always to have a male attendant with him. April 25th he escaped from the house, and bought a country seat at auction, the purchase of real estate being one of the principal subjects his mind seemed to dwell upon. He would sometimes absolutely refuse nourishment, and again soon after take it; the tongue was slightly coated; pulse somewhat accelerated; there was a tendency to ulceration in the mucous membrane of the mouth; the skin was natural, save that there was some heat about the head. There was at times long-continued constipation.

June 15th.—At this time he appeared much better; he took his meals regularly, and his mind seemed to be tending toward a normal state. He was ordered to abstain entirely from animal food, but otherwise to live as those about him did.

July 4th, he seemed worse; complained of pain in his head, walked unsteadily, reeling backward; mind as bad as ever. Toward the last of this month he began to amend, and continued slowly to do so through August, so that by the middle of September he appeared to have perfectly recovered.

February 17th, 1857.—Mr. —, the patient, came home with a violent pain in the head, accompanied with drowsiness. He arose the next day as well as usual, and continued so until February 21st, when on awaking he complained of great pain in the head; this pain he always referred to the vertex. He kept his room, and at 5, P.M., had two severe convulsions; at 8, another; and at 5, A.M., Sunday, a fourth. During this day he was well enough to come down stairs, and in the evening sat in his room conversing with an intimate friend. His mind was perfectly clear; he gave directions about his affairs, in case of death, which he anticipated might ensue at any time. At 9½, P.M., he lost his consciousness, and did not again regain it.

February 23d, at 2½, A.M., the convulsions recurred, and continued with short intermissions until Friday, at 9, P.M., numbering 170 in this time, according to the report of the watcher. Sometimes they would run into each other, and at other times there would be an interval of five, ten or fifteen minutes. A few times there were longer intervals, after which the attacks were more severe. From 12, Thursday noon, to midnight, there were 70 convulsions. They were general, affecting, however, the right arm and leg decidedly more than the left. The left eye was very much injected. After 9, P.M., Friday, the patient had no more convulsions, but lay in a comatose state till Sunday, March 1st, at 6, P.M., when death took place. On Friday morning there was a lucid interval, just long enough for him to recognize and shake hands with his family.

The treatment consisted in the administration of sulphuric ether to control the convulsive attacks; and nourishment and stimulants were employed whenever there was an opportunity for them to be swallowed.

*Autopsy*—Tuesday, March 3d, 47 hours *post mortem*.



The *body* was of medium size, and not at all emaciated; *rigor mortis* well marked. In the *thorax* and *abdomen*, nothing abnormal was noticed.

*Head*.—Nothing remarkable was found in the *brain*, save at the anterior part of the *left hemisphere*, just below where the skull is generally sawed in removing the calvaria, an inch and a half above the upper edge of the orbit; here the brain, over a surface of one and a half to two inches in diameter, was so closely adherent to the *dura mater* that the *pia mater* and a thin layer of the cerebral substance were left behind in the removal of the organ. The *dura mater* itself was readily raised from the bone, and no evidence of injury or disease was noticed in the latter.

In the *cortical substance*, which had adhered to the membranes, and extending a short distance into the white matter, were two distinct, round, firm, yellowish-white, somewhat granular-looking masses, the largest half an inch in diameter. They adhered closely to the surrounding substance, which for several lines in every direction was filled with minute yellow points. Portions of the white substance, half an inch below the principal mass, had a peculiar translucent appearance, as if formed of delicate parallel fibres, in the interstices of which serum had been infiltrated.

*Microscopic Examination* by Dr. C. ELLIS. In the yellow masses, nothing was seen but amorphous granular matter, and minute molecules or globules. In the portions around, which contained the yellow points, were many fat globules, while the normal tissue, if it existed, was entirely obscured. In the translucent portions were extremely delicate fibres, some of them parallel, some forming an irregular reticulated structure, minute fat globules everywhere abounding.

---

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

~~~~~  
BOSTON, APRIL 9, 1857.

---

### QUARANTINE CONVENTION IN PHILADELPHIA.

THIS is likely to be an important meeting, and, if rightly conducted, will prove of inestimable service to the country at large, as well as to sea-board communities. It is high time that a definite understanding should be had, and a uniform plan adopted, in reference to quarantine regulations. Uniform, that is, so far as the circumstances of climate and the peculiarities of individual cities or tracts of country allow. By assembling in convention and setting these important matters in order, a great good will be obtained, provided the public, appreciating the value of the labor and the disinterestedness of the laborers, are willing not only to listen to, but to follow their advice.

Unfortunately, the enlightened and highly-independent public will not always take good advice—and that which is so often gratuitously given, it seems to us, is even less heeded than such as is well paid for. The latter qualification is a rare one—and we cannot but recur to the present position of the wealthy city of New Orleans, which repudiates the small and honest claim of her Sanitary Commission, con-

structed as that Commission was by the municipal government to effect an end in which the entire native population, and particularly perhaps the floating one of visitors, were, and still are, most deeply concerned. Such an act is inexplicable to us—to engage the services of educated and practical men in a laborious and trying task, and when the latter is well performed, to ignore the pittance (comparatively speaking) which would only partially remunerate the toil! And so the Commission must *sue* the city. *Proh pudor! quis credat?*

We began about *quarantines*—and the fact that New Orleans is a place where the quarantine question has very naturally been much mooted—and also one whose interests, of all kinds, will be largely benefited by a wise and common-sense arrangement of all such matters, leads us to express our unbounded astonishment at learning from a reliable source that this same Crescent City community cannot be brought to consent, either through legislative, municipal, commercial or other corporate body, to send a representation to the convention we have above referred to. We *know* that due and sufficient evidence and argument have been offered to convince them. If they, then, will not listen to warning, which will save them from pestilence—to advice which will infinitely advance their pecuniary and social interests, and put their fine city and country in better—nay, in *fit*—condition to be visited by both business men and travellers generally—why e'en let them “gang their ain gait” as the Scotch say; they can, if they choose, lag behind the rest of the world, until they fall a century in arrears actually if not in numbers. Let them not, however, lay any such “flattering unction to their soul,” as that they are by such a course showing their independence, their *right* to do as they please. They have, in fact, no such right—the country, the world indeed, properly demand that every community take all the steps in their power to place themselves in a highly sanitary state; to redeem unhealthy localities—purge their skirts and their centre of filth—go hand in hand with those who by skill, science and ability of every sort, can lead them to the blessed results of enlightened hygienic regulations, cleanliness—in a word, health. Let the dusty cobwebs be brushed away, and the voice of the hygienic physician be heard with that attention which it deserves—and when he has willingly and zealously labored for the good of the land, no honorable men will oblige him to seek mere reimbursement through the courts of Justice!

---

#### AMERICAN DENTISTRY IN PARIS.

In a former number we gave some account of an artificial jaw, contrived and executed by Messrs. Fowler and Preterre, American dentists at Paris, to supply the loss of this bone in a patient operated on by M. Maisonneuve. These gentlemen have just commenced the publication of a journal of dentistry in the French capital, called “*L'Art dentaire*,” which will appear every month, in a large octavo form of thirty-two pages. We believe it is the only periodical in France which is devoted exclusively to dentistry. The first number contains, among other interesting articles, an account of the remarkable case to which we have referred, illustrated with several engravings. The journal is very neatly printed, and if the succeeding numbers are as interesting as the first, it cannot fail to prosper. We believe it is an

acknowledged fact that the best dentists on the continent of Europe are Americans, and this is not surprising when we see the attention which is paid to the art in this country, and the perfection to which it has here attained. We wish the enterprising editors all success.

*Medical Benevolent Society in London.*—The annual dinner of the Society for the Relief of Widows and Orphans of Medical Men in London and its vicinity, which was lately celebrated, was attended by about forty gentlemen. During the last sixty-five years it has granted relief to the extent of £51,087 19s. At the present time there are thirty-four widows and twenty-six children receiving relief.

*A Deceptive Consultation.*—The *Gazette Hebdomadaire* of Paris gives the following professional anecdote: A lady, not quite satisfied with the result of the treatment of her medical attendant, requested a consultation. This was immediately consented to, and the next day the practitioner presented himself, accompanied by an eminent professor of the faculty. The patient was examined, the gentlemen conferred, the prescription was framed, the fee paid, and everybody was satisfied. A short time afterward, the lady wished to see the professor alone, and went to his house, when she found him most alarmingly changed, and his hair turned quite white. She expressed her astonishment, and it was discovered that the consultation had taken place with a sham professor.—*London Lancet*.

*French Homœopaths in Trouble.*—The Cour de Cassation (Supreme Court of Appeal) has just decided that homœopathic practitioners are not at liberty to dispense their globules in localities where a pharmacien is residing. Our readers are aware that no one can legally dispense medicines in France, save the regularly educated and diplomated pharmacien, who is himself prohibited from practising medicine.—*Ibid.*

*Health of the City.*—Scarlatina still lingers among us, the mortality fluctuating from week to week, though on the whole diminishing. During the past week 14 deaths from this cause were reported, being five more than during the previous one. The number of deaths during the corresponding week of 1856 was 83, of which 18 were from consumption, 4 from scarlatina and 6 from smallpox.

*Communications Received.*—On Membranous Croup, with a case.

*Books and Pamphlets Received.*—Lettsomian Lectures on Insanity. By Forbes Winslow, M.D., D.C.L., late President of the Medical Society of London, &c. (From the author.)

*DIED.*—At Monticello, near Fayetteville, N. C., Dr. Benjamin Robinson, aged 81 years. Dr. R. was highly esteemed and respected.—At Van Buren, Ark., Rev. Elizur Butler, M.D., a missionary among the Cherokees, aged 62.

*Deaths in Boston* for the week ending Saturday noon, April 4th, 73. Males, 33—Females, 40—Accident, 2—congestion of the brain, 1—disease of the brain, 1—cancer of the breast, 1—consumption, 16—convulsions, 2—croup, 1—dysentery, 2—dropsy, 3—dropsy in the head, 3—debility, 1—infantile diseases, 3—exposure, 1—erysipelas, 1—typhoid fever, 1—typhus fever, 1—scarlet fever, 14—homicide, 1—disease of the heart, 1—intemperance, 2—inflammation of the lungs, 2—congestion of the lungs, 1—disease of the liver, 1—marasmus, 3—pleurisy, 1—scrofula, 1—scalded, 1—teething, 2—thrush, 1—unknown, 1—whooping cough, 1.

Under 5 years, 30—between 5 and 20 years, 10—between 20 and 40 years, 18—between 40 and 60 years, 6—above 60 years, 9. Born in the United States, 52—Ireland, 18—other places, 3.



*Death of Dr. Hulihan, of Virginia.*—Dr. S. P. Hulihan, of Wheeling, Va., a well-known medical practitioner and surgeon-dentist, died lately in that city, and his funeral was attended on Sunday, the 29th ult., by an "immense concourse of citizens." Dr. H. ranked high in his profession, and appears to have been respected and beloved by all his fellow-citizens. Public meetings, on the occasion of his death, were held by the Wheeling Hospital Association; by the Medical Faculty of the city; by the citizens generally; and by the City Council. Appropriate resolutions were passed by each of these bodies, including one by the citizens to erect a suitable monument to his memory. We do not learn the exact age of Dr. H., nor the disease of which he died. He was in the prime of life, however, and in the midst of an active and honorable career of usefulness.—He had for many years been a subscriber to this Journal.

*Jefferson Medical College, Philadelphia.*—The annual commencement of this College took place recently, the exercises being held in the Musical Fund Hall. After prayer and the usual musical performances, the degree of M.D. was conferred, by Hon. Joel B. Southerland, President of the College, upon 212 graduates. The usual charge to them was delivered by Prof. J. K. Mitchell. The graduates belong in part to every section of the Union, and others are from Europe, the West Indies and South America.

*Philadelphia College of Medicine.*—The exercises at the semi-annual commencement of this school took place at the Musical Fund Hall. Prayer was made by Rev. Dr. Brainerd, and the degree of Doctor of Medicine was conferred upon 15 gentlemen by Hon. Ellis Lewis, President of the College. The valedictory address was delivered by Prof. B. Howard Rand.

*Rush Medical College.*—The annual commencement of this College took place in Chicago, Ill., on Feb. 18th. After prayer by Rev. Dr. Barker, several of the candidates for graduation were required to read their theses, when the degree of M.D. was conferred by Prof. D. Brainard, President of the College, on forty-one members of the class, who had been examined and recommended by the Board of Trustees. The honorary degree of M.D. was also conferred on Dr. Wm. Long, of New Maysville, Ind.; and Dr. H. Noble, of McLean County, Ill. The *ad eundem* degree was at the same time conferred on Dr. J. W. York, of Shelby Co., Ill. The valedictory address was delivered by Prof. Brainard, after which an entertainment, provided by the Faculty, was partaken of in the Museum Hall.

*Philadelphia College of Pharmacy.*—At the late annual commencement, the degree of Graduate of Pharmacy was conferred upon twenty-seven young gentlemen, who had served a regular apprenticeship and complied with the requisitions of the College.

*Maryland College of Pharmacy.*—The annual commencement of this institution took place in Baltimore on the 6th of March, and the diploma of the College was awarded to four graduates of the class. Although this College was organized and chartered in 1840, it has not been in operation each year since. About a year ago it was re-organized, and now will probably continue its sessions annually.

*Medical Miscellany.*—Prof. Ackley has resigned the professorship of Surgery in the Cleveland (Ohio) Medical College, and Dr. Gustavus C. E. Weber, of New York, been appointed in his place.—Dr. J. Aitken Meigs has been appointed Professor of the Institutes; Dr. H. Hartshorne, of Practice; and Dr. W. H. Taggart, of Materia Medica, in the Philadelphia College of Medicine.—A new infirmary has been established in Philadelphia, called the "North Clinical Infirmary," and is located in the north-western part of the city. The City Council has granted the free use of a building. James Bryan, M.D., is President of the Medical Board.—The number of students at the Medical College of the State of South Carolina, for the session of 1856-7, as appears by the published catalogue just received, is 245.—A malignant type of typhus fever, resembling ship fever, but known generally among the citizens of the place as the spotted fever, has been prevailing for some time past in the central part of New York State. In Madison and Onondaga Counties it has been very prevalent, and in many cases proves fatal in a few hours after the attack.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. LVI.

THURSDAY, APRIL 16, 1857.

No. 11.

---

## ON THE HASCHISCH OR CANNABIS INDICA.

BY JOHN BELL, M.D., DERRY, N. H.

[Communicated for the Boston Medical and Surgical Journal.]

THE various periodicals of this country have abounded, during the last few years, with accounts of the Haschisch; every experimenter giving the history of the effects it has had upon himself. In most cases this has been mingled with much fanciful and irrelevant matter. These notices have been confined almost exclusively to the various popular literary journals, but it has not received the attention it merits in those exclusively devoted to medicine. Under these circumstances, the following *résumé* of what has been written on the subject, seen through the medium of personal experience, may not be destitute of interest.

Among the nations professing Mahometanism, there are not a few substances used as substitutes for the alcoholic liquors interdicted by the author of that religion. They are everywhere the most inveterate users of tobacco, opium, coffee, and a variety of other narcotics less generally known. Among these latter, no one has recently attracted so much attention as the *Haschisch*, Cannabis Indica, or Indian Hemp. It is only within a few years, comparatively, that a knowledge of it has come to us, but it has been in general use for many centuries at the East, and reference is even thought to have been made to it by the ancient classic authors. The novelty of its effects and its apparent harmlessness have induced travellers in Egypt and Asia to experiment upon themselves, and a knowledge of it has thus found its way to the nations of the West. The defective pharmaceutic processes employed by the inhabitants of its native countries, render its preparations of very different strength, and admixtures of various foreign substances make its effects uncertain. A specimen obtained from Damascus contained about twenty-five per cent. of opium, a considerable quantity of camphor and spices, and nearly half was a mixture of rancid butter and extract of hemp. The substance widely known in this country

under the Arabic name of *Haschisch*, is obtained by boiling the leaves and flowers of the plant with butter, and, when pure and carefully prepared, is a very active preparation. The extracts prepared in this country from the Indian plant, contain all the properties of the *Haschisch*, and are every way preferable to it. The common hemp, though believed by botanists to be a variety of the same species as its Indian congener, is entirely destitute of the property which distinguishes the latter. This difference alone, if found to be permanent, would be sufficient to cause them to be regarded as distinct species.

The action of the drug is not confined to any single part of the system. It is an efficient but slow cathartic, an active diuretic and sudorific, and a most irresistible hypnotic in the latter stages of its action. But it is better known for its effect upon the nervous system: it is for this object that it is extensively employed in the East, and it is in this connection that it possesses its greatest interest. Abundant personal experience of it leads me to think that its peculiar effects upon the nervous system are only a secondary result of its action upon the mucous membrane throughout the whole track of the alimentary canal. The slowness of its action, not commencing in less than two hours after the dose is taken; the sensation of dryness, and afterward the abundant secretion in the throat and mouth; the heat throughout the abdomen, and the soreness which persists for several days; and, finally, the absence of any symptoms of nervous debility, when the immediate effects are gone; all point to this as its *modus operandi*. It would seem as though it were absorbed, and that in this process of being thrown off, it occasioned those phantasies which have caused it to be used as an intoxicating agent. In the dose usually recommended, of from one to three grains, it is absolutely inert: five grains is the smallest quantity from which any perceptible effects are to be expected, and generally more will be required. Few persons, perhaps, who have read the brilliant "Confessions of an English Opium Eater," have been without a fancy to experience the wonderful effects there described: all who have yielded to the desire, have been disappointed. If any one supposes the intoxication of *Haschisch* to be of the same nature, a few grains of the drug will most efficiently purge him of the idea. On the first trial, one is generally frightened at the intensity and violence of its action, and few will be disposed to carry the dose beyond ten grains. Indeed, most will be amply satisfied with having once experienced it. The following were the results of a moderately large dose of Tilden & Co.'s extract.

It was taken with coffee, which increases the effects of the hemp, and at the same time diminishes its duration, perhaps merely by promoting a more rapid absorption. For two hours no results at all were experienced. At this time a dryness seemed to



commence at a particular spot in the throat, and a feeling of warmth throughout the abdomen. These were not the results of disordered sensation, for a clammy mucus soon began to be secreted, though the huskiness of the throat still remained. Up to this time, there was not the slightest excitement or confusion of thought. Suddenly, however, an idea having no connection with the train of thought passing in the mind at the time, appeared, as though suggested by another person, and then was gone again as suddenly as it came, leaving upon the mind much the same feeling as when one escapes from a dream or a deep reverie. The same thing was repeated two or three times, at intervals rapidly diminishing in length. Even now I can hardly believe but it was the result of strained attention to my physical sensations, for the gentle warmth of the abdomen was rapidly becoming a burning heat—still, however, not by any means unpleasant—and the dryness of the throat had extended to the tongue.

I had taken the drug with great scepticism as to its reputed action, or at any rate with the opinion that it was grossly exaggerated, and I accordingly made up my mind not to be “caught napping” in this way again, and to keep a careful watch over my thoughts. But while enforcing this resolution, as I supposed, I found myself, to my own astonishment, waking from a reverie longer and more profound than any previous. From scepticism, to the fullest belief of all I had read on the subject, was but a step. Its effects so far surpassed anything which words can convey, that I began to think I was on the verge of narcotic poisoning; yet, strange to say, there was not the slightest feeling of inquietude on that account. I resolved to walk into the street. While rising from the chair, another lucid interval showed that another dream had come and gone. While passing through the door, I was aware of having wandered again, but how or when I had permitted myself to fall into the reverie I was perfectly unconscious, and knew only that it seemed to have lasted an interminable length of time.

These singular attacks of mental disturbance recurred oftener, and lasted longer, till the lucid interval between was reduced to a mere instant's conscious duration of thought. This condition came on so rapidly, that in less than fifteen minutes from the time of my being aware of the first mental disturbance, the power of controlling the thoughts was almost completely lost. All ideas of time and space were especially bewildered, and I realized completely for the first time the ideas of some metaphysicians, that time, properly speaking, has no existence except in connection with a succession of mental operations or sensations. The most trivial circumstance, the slightest noise, gave rise to trains of thought, which went bounding from subject to subject, completely emancipated from the rules which ordinarily govern the mental ope-

rations, till suddenly some other circumstance would give an entirely new direction to them, and the last series of imaginations would seem to have lasted from eternity, even while the eye was fixed upon the clock, the hand of which had not perceptibly moved.

Now, a phenomenon still more singular began to exhibit itself. I felt that, in spite of all exertions, I was beginning to receive the suggestions of disordered fancy for real objective facts. Intellectually, I knew that the spinal column could not be a barometer, in which mercury had usurped the place of the spinal cord. Yet in another sense, over which the operations of the intellect were completely powerless, I felt that it was a barometer. An unpleasant sensation in the lumbar region suggested the idea of a heavy column of mercury pressing upon it, and at the time, and under the circumstances, the transition to the idea of the barometer was easy and natural. There was no balancing of arguments in the arrival at this conclusion; there was no half-way period of doubt and uncertainty, to emerge into full credence. At the instant the idea occurred at all, it commanded the assent, with the same fulness as when in perfect mental health does the idea of our own existence. The thought certainly occurred that it was a delusion, but it made no more impression than the suggestion would, that the sense of sight was a figment of the brain, and objects seen had no existence except in the imagination. This belief was not a transient one; it was the first hallucination to appear, and continued with varying degrees of intensity, as the thoughts were more or less occupied with other subjects, till all others had disappeared. The belief in the reality of the delusion was never for an instant absent; it pervaded the whole being, and was often the point on which the thoughts turned seemingly for a long time. The painful attempt to regulate these disturbed states of consciousness, was soon given up, and, half voluntarily, half by a species of moral compulsion, the whole psychical nature surrendered itself, without further struggle, to the fullest and most complete belief in the actual existence of a thousand hallucinations. During this time the thoughts were becoming more and more disordered; ideas, between which, apparently, there was not the slightest connection, thrust themselves in, till finally their rapid recurrence, and the loss of that sense of governing the mind which we ordinarily possess, induced the belief that I was the victim of diabolical agency—that some terrible demon had taken possession of my whole intellectual being, and identified himself with every thought, in the same way that a man might direct the physical movements of a child. The feeling of utter powerlessness to check the wild current of thought was complete, and there was a sensation as though, if there had been the ability, the will could not be exercised.

The firmest intentions were forgotten in an instant. There

seemed to be no difference between the idea and the expression of it in words. A moment was long enough to forget whether it had been expressed or not. The sound of persons whispering in the room, brought with it the belief that they were laying some plot. It was not a vague suspicion that they were intending some injury, such as whispers and glances might excite in any one; but everything they had said—the particulars of the whole plot—were present, with the same vividness and overpowering conviction as they always are in true hallucinations.

The *fantasia* had now arrived at its height. It was an hour and a half since the first sensations of excitement and wandering commenced. About the same time passed before it had completely subsided. The mental phenomena in this stage were as remarkable as while the effects were coming on. One after another the delusions disappeared as rapidly as they came; not by any exercise of the gradually returning regularity of thought, but suddenly—with a bound—so that it was surprising to have believed, a moment before, what now appeared so absurd.

The whole time during which there is any perceptible difference from the normal state, is from three to five hours, according to the dose taken. The hemp resembles in its action some other medicines which are erroneously called cumulative. That is, a dose may be taken without producing any perceptible action; and on another occasion, a dose only a grain larger will act violently. Indeed, the effects of this agent seem to be of such a nature, that there is no resting place between its full action and none at all. A delusion, of the truth of which we are only half convinced, would be no delusion at all. Unlike opium, alcohol, and other narcotics of the order *Solanaceæ*, it leaves behind it no mental confusion, headache, or other signs of a direct and powerful action upon the nervous system. The secretions of the alimentary canal, however, remain in an unnatural state for several days, and there is a slight oppression felt in the abdomen, if the dose has been at all large. During all the time of its action, there is a tendency to laugh, in spite of the delusions, which are almost uniformly of an unpleasant character. The feeling of buoyancy of spirits is somewhat the same as is caused by a slight dose of alcoholic stimulant.

Amid all the strange vagaries of the *Haschisch*, the mind preserves the power of taking cognizance of its condition, and to a certain extent of analyzing its operations. The memory of everything said and done is nearly perfect; but of the multitude of thoughts, only those making a more than commonly distinct impression are preserved.

Can this singular substance be put to any useful purpose, to illustrate any of the varied mental phenomena of health and disease? Is it worthy a place in the medical *armamentum*, from its action alone upon the mind?



The great advances made in the philosophy of medicine during the last half century, have been due almost entirely to the devotion with which pathology has been pursued. Instead of the ill-arranged and ill-understood assemblage of symptoms observed with scrupulous care, which went to make up the idea of a disease, we now direct our aim to strip it of everything fortuitous and to fix in the mind the type of the malady—those essential features which are uniformly the same under every variety of circumstances, and about which the more obvious symptoms cluster, like the drapery about a statue. In diseases of the mind, this has not been done: their seat and nature are too deep to be reached by the knife of the morbid anatomist. Esquirol, after a whole life devoted to the study of this subject, and after the most ample opportunities that have ever fallen to the lot of any individual, says, that “pathological anatomy is yet silent as to the seat of madness; it has not yet demonstrated what is the precise alteration in the encephalon which gives rise to this disease.” Nor has greater success obtained in the attempt to explain the relations and analogies of the various forms of insanity. The cause of the latter failure is sufficiently obvious. Theory has taken the place of fact. No competent individual who has experienced insanity in his own person, has written upon the disease. The insane themselves can rarely give a consistent account of their disease, even if they were qualified, by previous study and observation, to take the best advantage of their own mental state. Even our own observation of the disease is rarely complete: the minor degrees do not come under the care of the physician, and it is only when the more severe cases are evident to all, that friends will acknowledge its existence and submit the unfortunate patient to examination. How imperfect would be our ideas of grief, anger, or pain, if we could only observe their outward manifestations, or listen to a description of them by one who had suffered them! And yet this is all, and more than all that we can know of the intimate nature of insanity, of its connections and analogies, unless we have suffered it in our own persons. If we had never felt any of the passions, our diagnosis of them might perhaps be as perfect, and the empirical treatment as successful, as now; but a vagueness would necessarily pervade our mind as to their nature, and we should be liable to continual error in reasoning upon them. Southwood Smith well observes, that the symptom of fever termed *febrile restlessness* cannot be understood by any one who has not experienced it in person.

The most superficial observation of a case of mania, will not fail to show many and strong points of resemblance to that of a person under the influence of a powerful dose of *Cannabis Indica*. In both there is the same excitement and abruptness of manner, the same rapidity and incoherence of thought, the same false convictions and lesions of the affective faculties. The following de-

scription, by Prichard, of an ordinary case of chronic mania, such as composes the greater number in the wards of every hospital, might apply, without the change of a word, to the condition of a person under the influence of the *Haschisch*. "It is, however, a state of great intellectual weakness, in which none of the operations of the mind are performed with energy or effect. The memory, the judgment, the powers of attention and combination, are so much impaired, that the individual is wholly inadequate to the duties of society, and incapable of any continued conversation; his actions and conduct are without steadiness and consistency, his thoughts are deficient in concentration and coherence."

There is no really important point in which these manifestations differ from the condition produced by the *Haschisch*. There is no error of judgment, no delusion or lesion of the will or moral faculties, which is seen in the former state, but what might take its rise in the latter. In this question, the difference of cause of the mental disturbance might at first sight appear an insuperable objection to reasoning from one condition to the other. But is insanity always produced by the same cause? On the contrary, there is no disease to which the human frame is subject, that acknowledges such a variety. There is hardly a physical or functional lesion of any tissue or organ, but may produce it by its reaction on the nervous system, and it is difficult to say whether the best or worst proclivities of our nature are oftenest regarded as the productive agents of the same mental disease. If opium and tobacco and alcohol may produce, by long use, without any apparent disease, a mental state which deserves the name of insanity, why may not the *fantasia* of hemp receive the same name? What reason, then, is there why we may not rely upon its revelations as so many views of the hidden workings of the spirit, in that gravest of all diseases? If this be allowed, the *Haschisch* may in a degree serve as a key to unlock some at least of the mysteries of mental pathology. Why may we not thus possess a means of studying the disease in question, better than we have of most others? We can apply to it the principles of experimental philosophy, and test it by the best of means upon the best of subjects. The idea of this application of the medicine originated with Dr. Moreau (de Tours), of Paris, a physician of large experience in his specialty, and whose work\* on the subject possesses the highest interest, as presenting many views of insanity and kindred subjects, different from those commonly received.

In the study of insanity by this means, if there is any one fact impressed upon the mind more strongly than another, it is that of the essential unity of the whole psychological nature. It is impossible not to recognize the truth that the ordinary language of meta-

---

\* Du Haschisch, et de l'aliénation mentale.

physics is applicable to the explanation of morbid mental phenomena. The popular division into the intellect, the will, the instincts and the moral faculties, though having a show of precision, and absolutely necessary in common language, conveys too much. Such divisions are too distinct and disconnected to be true to nature. The minute organological divisions and hasty generalizations of the phrenologists are only the results of the same principle carried to a greater extent.

[To be concluded next week.]

DR. EDWARD BROWN-SEQUARD'S EXPERIMENTAL AND CLINICAL RESEARCHES APPLIED TO PHYSIOLOGY AND PATHOLOGY.

[Continued from page 158.]

§ XIII. My experiments upon animals, compared with cases of epilepsy observed in man, throw a great deal of light on what we might call the physiology of epilepsy, that is, upon what concerns the etiology, the seat, and what is vaguely called the nature of this disease. It is easy to show that one or the other of the two series of facts we have to compare, if not both, are in opposition with the various doctrines concerning the production and the seat of epilepsy. A short critical examination of these doctrines will prove the correctness of this assertion.

The time has passed away when men of talent were tempted to place the seat of epilepsy in the pituitary body (Joseph Wenzel), in the pineal gland (Greding), or in the spinal cord (Esquirol, Reid). The injuries or organic alterations of these parts, as well as of other parts of the nervous system, may be either the cause or an effect of epilepsy, but none of these parts can be considered as the *essential seat* of this affection. The numerous cases of co-existence of epilepsy and of a disease of the pituitary body, related by Joseph Wenzel (*Beobachtungen ueber den Hirnanhang fallsüchtiger Personen*. Edited by Carl Wenzel, Mainz, 1810), have lost their apparent importance since it has been shown by Romberg (*loco cit.*, p. 685) and others (Rokitansky, Engel and Sieveking, in Handfield Jones's and Sieveking's *Manual of Pathological Anatomy*, 1854, p. 267, *Amer. Ed.*) that the pituitary body may be altered although epilepsy does not exist, and that this neurosis may exist without any apparent alteration in this small organ. There is no part of the nervous centres about which the same argument could not be used.

Many writers have asserted that epilepsy must depend upon a disease of the brain (organic or not), on account of the existence of the cerebral symptoms. It is useless to speak of the authors who have been or who still are unacquainted with the phenomena of reflex actions; I will merely refer for their views to the works of Portal (*loco cit.*, p. 143-155) and Delasiauve (*loco cit.*, p. 27-



35). But many physicians of talent, knowing very well what relates to the reflex actions, have considered the brain as the essential seat of epilepsy. Thus, this affection is placed among the so-called cerebral convulsions by very able pathologists, such as Romberg (*loco cit.*), Spiess (*Krankhafte Stör. des Nervensystems*, in Wagner's *Handwörterbuch der Physiol.*, vol. iii., 2d part, 1846, p. 188), Russell Reynolds (*The Diagnosis of Diseases of the Brain, Spinal Cord, &c.*, 1855, pp. 143 and 174), and others. According to Dr. John Simon, "the intellectual changes which precede, accompany or follow the progress of the disease, its concurrence with insanity, and its tendency to dementia, further mark the convoluted surface of the hemispheres as the primary seat of the morbid process" (*General Pathology, &c.*, 1852, p. 152, *Amer. Ed.*).

The modern physiologists agree in admitting that the brain proper (the cerebral lobes) cannot give rise to convulsions when it is irritated, in animals. Surgeons have sometimes had an opportunity of ascertaining that, in man also, the brain may be cut without producing convulsions. But these facts merely prove that usually the brain proper cannot be excited by our means of excitation. They do not prove that it cannot be irritated by other kinds of irritation. The cerebral lobes, as being the seat of the will, are certainly connected with muscles and can produce contractions in them, as our voluntary movements constantly prove. We think convulsions may result from kinds of irritation (as that of a poison in the blood, for instance) different from those which we usually employ in our experiments. On another side it may be that alterations in the nutrition of the brain, and other causes, produce a change in the vital properties of this organ, or rather give it something that normally it does not possess, viz., the property of causing convulsions when it is irritated. That such a change in the vital powers of the cerebral lobes is possible, we are led to admit, as we know that other parts of the nervous system may acquire vital properties that they have not in their normal state. For instance, some parts of the sympathetic nerve seem to be deprived of sensibility, but inflammation renders them very sensitive; the nerves of tendons seem to be without sensibility, but inflammation renders them evidently sensitive, as has been definitely proved by the well-devised experiments of Prof. Flourens (*Comptes Rendus des Séances de l'Académie des Sciences*, 1856, vol. xliii., p. 639). I might give also as a striking instance of a change in the vital properties of a part of the nervous system, what occurs to the cutaneous ramifications of certain branches of nerves in the face and neck, after an injury to the spinal cord in animals.

I must now say that, although I admit the possibility of the production of convulsions by an irritation of the cerebral lobes, I do

not think it is proved that these parts of the nervous system have actually caused convulsions. The facts mentioned by Romberg (*loco cit.*, p. 625-27) do not furnish such a proof. They may be explained by admitting that the convulsions depended upon either an excitation of the sensitive nerves of the meninges, or upon pressure on the parts of the encephalon which are known to be excitable, or upon the disturbance of circulation and nutrition in the excitable parts of the encephalon. The case of a child (*Pathol. and Pract. Researches on Diseases of the Brain*, by Abercrombie, 4th Edit., 1845, p. 57), upon whose anterior fontanelle pressure determined convulsions, and the experiments of Portal (*loco cit.*, p. 149), which gave similar results, cannot prove anything, because pressure upon any part of the brain through a small opening in the cranium, acts upon the whole of the encephalon.

Until it is proved that the cerebral lobes have directly caused convulsions, we are not entitled to say that the seat of epilepsy is in them. If it is argued that the brain proper must be the seat of this affection because an idea or a remembrance, or a smell or the sight of certain things, may induce a fit, we answer that these causes of convulsions act in producing an emotion, and that emotions have their seat in the pons varolii and the medulla oblongata, and not in the brain. If it is said that the loss of consciousness implies that the cerebral lobes have something to do with epilepsy, we certainly do not deny it; but what is the relation between these lobes and epileptic fits? How can convulsions, *i. e.*, actions the existence of which imply that a great amount of nervous power is employed—how can they be produced by an organ which has lost its principal function? How can this organ be so active in the production of convulsions just at the time it loses its activity as the organ of volition and perception? How can we admit that an organ assumes actions which it is not known to possess, at the same time that it loses its well-known actions?

Those physicians who maintain that the brain is the primary or essential seat of epilepsy, have too much neglected these difficulties and contradictions. Their only argument consists in saying that it *must* be so because the brain is affected; but we might employ a similar argument to say that many other parts of the nervous centres are the seats of epilepsy because they are evidently affected, and as much as the brain. It is interesting to remark that it is just the same argument that Dr. Marshall Hall employs to show that the seat of this affection is in what he calls the *true* spinal cord. Such arguments in the end amount to simply an assertion like the following: it is so, not because it is proved to be so, or because the facts agree in allowing us to admit that it is so, but because we cannot explain it otherwise. An argument of this kind is never a decisive one; but it has no value, and ought not to be employed, when the facts are not explained by the hypo-

thesis considered as the only possible explanation, and still more (as is the case with the supposition that the seat of epilepsy is in the brain proper) when there are facts in opposition to the proposed explanation.

We will try to show hereafter that the loss of consciousness in epilepsy may be explained otherwise than by admitting that the brain is the seat of this affection, and that the loss of consciousness, whether it exists alone or with convulsions, may be due to an action beginning elsewhere than in the brain.

As regards the state of the mind and of the senses after an attack of epilepsy, it is not and cannot be a proof that the seat of this disease is in the brain, as those disturbed states may result from various circumstances existing during a fit.

We must now say a few words of a theory which pretends to solve the difficulty above exposed, concerning the coincidence of the loss of action of the brain and of an increased muscular action. The estimable author of a singular but interesting work (*Epilepsy, and other affections of the nervous system which are marked by tremor, convulsion or spasm, &c.*, 1854), Dr. C. B. Radcliffe, in this book and in his lectures on Epilepsy (*Medical Times and Gazette*, March and April, 1856), grounds an explanation of this difficulty upon the supposed fact that muscular contraction does not depend upon a stimulus by the nervous system, but upon the cessation of all stimulus. Dr. Radcliffe, after Dugès and others, thinks that muscular contraction is a purely physical phenomenon, dependent on ordinary molecular attraction when the muscle is *not* stimulated. If the muscles are at rest, it is because an excitation comes upon them, preventing the molecular attraction from producing contraction. If a voluntary movement takes place, it is because the will has suppressed the nervous action which prevented contraction. In a fit of epilepsy, convulsions take place, together with the loss of consciousness, because the brain and other parts of the nervous centres lose their powers at the same time, and stimuli being withdrawn from the muscles, they are left to the action of molecular attraction, and therefore convulsions are produced. It is useless to discuss a theory like this, which is in opposition to almost all the known and the most positive facts of physiology and pathology. I will merely say that if the theory were true, we should always see convulsions in paralyzed muscles, and also after death at the time when nerves lose their power upon muscles.

According to another theory, which certainly deserves much more attention than the preceding, epilepsy depends upon changes taking place in the circulation of blood in the brain proper, and in the other parts of the encephalon. The germ of this theory may be found in the works of many writers, and particularly in the remarkable book of Prichard (*A Treatise on Diseases of the*



*Nervous System*, part 1st, 1822), but Henle has done so much for it that he may be considered as its originator. In his admirable work (*Handbuch der Rationelle Pathologie*, vol. ii., 1st part, 1855, 2d ed., p. 181-3 and p. 403; and 2d part, 1854, p. 46) he tries to show that there are two kinds of epilepsy, one attended with plethora, the other with anæmia. In both there is as a cause of convulsions, a pressure by accumulated blood in the vessels of the base of the encephalon. We may understand easily the congestion of the brain in plethora, but it is not so as regards anæmia. Henle explains it in this last case, in admitting that when anæmia goes on increasing, the bloodvessels of the upper parts of the encephalon becoming empty, the others necessarily become more filled, on account of the impossibility of the cranio-spinal cavity containing less fluid (an impossibility well established by Kellie, Abercrombie, J. Reid and others). As regards the loss of consciousness, it is attributed to an excess of blood pressing upon the brain proper, in plethoric epilepsy, and to the diminution of blood in this organ, in anæmic epilepsy.

Although we think that many thanks are due to Henle for the efforts he has made to show the relations between the phenomena of epilepsy and the state of the blood-vessels of the various parts of the encephalon, we cannot adopt his theory.

In the first place, if a congestion in the two distinct parts of the encephalon (the brain proper and the basis of the encephalon) was sufficient to produce epilepsy, this disease would be much more frequent than it is, and we should not see so often hyperæmia of the encephalon without convulsive fits, and nevertheless powerful enough to cause paralysis, delirium or coma. The great work of Prof. Andral (*Clinique Médicale*, 4th ed., vol. v., 1840, p. 217-292) and almost all the treatises on intermittent fever, and particularly those of Bailly and Maillot, afford decisive proofs of the frequency of cases of encephalic congestion without epilepsy. Henle himself has been obliged to say that *individual disposition* is necessary for the production of this convulsive affection.

In the second place, we object to the theory of the learned German physician, because he gives no proof that the mere mechanical action (pressure) due to accumulated blood in the vessels of the basis of the encephalon, is sufficient to produce convulsions.

In the third place, Henle does not give any clear reason why, in the anæmic epilepsy, the bloodvessels of the brain proper contract, while those of the basis do not; and besides, except concerning lead disease, he does not say what excites contraction in them.

[To be continued.]

## MINERAL WATERS OF OHIO.

[We re-print, from the *Ohio Medical and Surgical Journal*, the following account of a mineral spring at Bryan, Williams County, in that State. It forms part of the report of a Committee on the Mineral Waters of Ohio, to the Medical Society of that State. Various other springs are described in the report, which our space will not allow us further to notice.—EDS.]

An analysis of the water of the extraordinary Artesian wells at Bryan, the county seat of Williams County, was made with great care and accuracy by T. G. Wormley, M.D., Professor of Chemistry in the Starling Medical College, &c., also a member of this committee.

The town of Bryan, or "Fountain City," as it is familiarly called, on account of the peculiarly interesting character and abundance of the Artesian fountains there, contains from twelve to fifteen hundred inhabitants; and nearly every family in town is supplied with a perpetually-flowing fountain, all of which possess the same uniform character, and, doubtless, have a common source.

The country about Bryan is of a deep, rich, alluvial soil; a gently undulating surface; is regarded as more than usually healthy, being more exempt from malarial disease than a like character of soil in other regions of the same latitude.

These wells are obtained with but little labor and at a trifling expense. Two men, in from two to four days, with the most primitive kind of instrument for boring, can usually reach the subterranean stream, which, doubtless, has its source in an elevated and probably distant region, from which a jet of water is thrown up with great force through the bore, probably under hydrostatic pressure, and overflows at the surface; and, if enclosed in a tube, as a leaden pipe or pump-stock, is thrown to the height of six, ten, and sometimes fifteen feet above the surface of the earth; some of them at the rate of sixty barrels or more an hour!

The result of Prof. Wormley's analysis is as follows, viz.:

"Temperature of the water, 45°; that of the atmosphere being 72°.

"The amount of solid ingredients in *one gallon* of water is as follows:

Potash	-	-	-	-	-	-	-	-	-	1.654	grains.
Iron	-	-	-	-	-	-	-	-	-	.864	"
Lime	-	-	-	-	-	-	-	-	-	1.522	"
Magnesia	-	-	-	-	-	-	-	-	-	3.250	"
Alumina	-	-	-	-	-	-	-	-	-	trace.	
Silica	-	-	-	-	-	-	-	-	-	trace.	
Sulphuric acid	-	-	-	-	-	-	-	-	-	1.408	"
Hydrochloric acid	-	-	-	-	-	-	-	-	-	1.064	"
Carbonic acid	-	-	-	-	-	-	-	-	-	4.600	"
Free carbonic acid	-	-	-	-	-	-	-	-	-	4.600	"

---

Total amount of fixed matter in *one gallon* of water - 14.362

"The 4.600 grains of free carbonic acid in one gallon would measure 9.78 cubic inches.

"Combining the above ingredients, we have, of—

Sulphate of potash	-	-	-	-	-	-	3.062 grains.
Chloride of iron	-	-	-	-	-	-	1.928 "
Carbonate of lime	-	-	-	-	-	-	2.718 "
Carbonate of magnesia	-	-	-	-	-	-	6.654 "
Alumina	-	-	-	-	-	-	trace.
Silica	-	-	-	-	-	-	trace.
Fixed salts, in <i>one gallon</i>	-	-	-	-	-	-	1.4362 "
Free carbonic acid	-	-	-	-	-	-	4.600 "

"The amount of *alumina* was so small that a separate estimate of it could not be made; so, also, of the *silica*. The *alumina* is, however, included with the iron.

"The principal characteristic of the water is the unusually large amount of magnesia which it contains, and the amount of iron, which is, also, large. The water might be termed '*magnesian chalybeate*.'"

One of the most striking characteristics of the water of these fountains is its remarkably low temperature at all seasons, ranging only from 10° to 13° above freezing in the hottest weather.

Another interesting circumstance is the remarkable fact that great numbers of a very small variety of fish come up from some of these fountains, specimens of which James W. Taylor, Esq., late State Librarian, procured and kept for a long time in the State Library, for the inspection of the curious.

In a scientific view, the analysis of the water of these extraordinary wells is important. Entirely unlike the surface water of that entire region, it unquestionably has its source in a geological formation unknown in that vicinity.

The process adopted by nature by which the large quantities of chloride of iron, the magnesia and other ingredients are taken up and held in solution, in this and similar cases, may not be easily explained. The water doubtless has its origin from some remote source, if it be the result of a solution from strata through which it percolates, unless the geological formation of that vicinity is entirely unlike what appearances upon the surface would indicate; and, if we could suppose it to be caused by chemical action going on in the earth, by the aid of water and internal heat, or the direct agency of volcanic heat, the low temperature and the living fish that are thrown out, sufficiently testify that the change must be effected at a remote point.

It is clear, pure, delicious, refreshing, as a beverage to quench thirst, and is used exclusively by all the inhabitants for culinary purposes, for which it is regarded as of the very best quality.

These waters unquestionably possess remedial virtues of a high order. Strongly tonic, and mildly aperient and alterative, their analysis sufficiently indicates the number and character of the diseases to which they are adapted, and when they shall have been thoroughly tested, and their use skilfully directed by the hand of science, they will, no doubt, be appreciated as agents of no mean value.



They are the only known waters in the State, and, with a single exception, in the United States, so far as is shown by the result of any analysis within our knowledge, that contain iron in the form of a chloride. There may be others, but a pretty thorough research has failed to discover the record of any such.

The acknowledged superiority of the *chloride* of iron in many affections, where it is indicated, would secure its more general use, but for the disagreeable taste of the drug as it is prepared in the shops, which renders it difficult of administration, especially to children and delicate persons. But in the dilute form in which it exists in these waters, pharmaceutically prepared by nature's own hand, it may be taken as a delicious beverage, and in sufficient quantities, if persisted in, to fulfil most of the indications for which it is usually prescribed. As a tonic, in all the cases in which the other ferruginous compounds are administered, this form of iron is at least equally as valuable as any of them, and from its physiological effect upon the urinary system, we might expect it to be an efficient agent in affections of the kidneys, bladder, urethra and the prostate gland, and experience has demonstrated its great value in passive hæmorrhage from the kidneys, uterus and bladder; and the success that has attended its use in gleet, leucorrhœa and the latter stage of gonorrhœa, is only equalled in anæmia, chlorosis, scrofula and kindred affections.

The immediate sensible effect of this water when taken freely by those unaccustomed to its use, is that of a mild, but pretty brisk purgative, operating freely without the least pain or inconvenience, the result of the magnesia, of which it contains enough to secure a healthy peristaltic action, promote the secretions, &c., without any danger from the debilitating effects to persons of feeble habits, such as might result from the excessive purging that sometimes follows the free use of mineral waters more strongly purgative.

The renowned "Saratoga Springs," situated in that range of country so famous for its salt springs, are all largely impregnated with common salt, to the purgative qualities of which they doubtless owe much of the celebrity they have acquired as remedial agents. The celebrated "Congress Spring," of this group, contains about 430 grains of common salt to the gallon; or nearly a teaspoonful to a pint, rendering it exceedingly brackish and disagreeable to the taste, and a brisk purgative if taken in quantities that would be indicated for use as a tonic.

Some who are unwilling to wait for the results of remedies unless administered in heroic doses, may be skeptical as to the effect of iron in the quantity found in this water. Let such reflect that it is upon the slow and gradual introduction of this agent, which in health always exists in the blood, and pervades every part of the system, that its success in the treatment of chronic diseases de-

pend, and that the dilute form in which it exists in mineral waters is that which is best adapted to be introduced through the medium of "the large mucous surface of the entire digestive canal, to every portion of which it is applied, and by which it is freely absorbed; thus reaching all the tissues of the animal frame," communicating no shock, causing no congestion and resulting in no dangerous re-action.

Some two or three miles easterly from Bryan, three wells were sunk near each other, to the respective depths of *fifty*, *fifty-seven* and *fifty-nine* feet; all of which produced water so bitter that it was entirely unfit for use. And within eighteen feet of one and twenty-five feet of another of these bitter wells, at the depth of *forty-two* feet, a vein was struck, which poured forth an abundance of most delicious water, apparently of the same quality as that of the Bryan wells.

And not far distant, after boring about thirty feet, a strong current of carburetted hydrogen was thrown up, which coming in contact with a lighted taper, exploded, to the great alarm and some injury of the operator. Carburetted hydrogen in considerable quantities has also manifested itself in several other localities in that region, which gives rise to interesting inquiries among the people as to its source, whether attributable to decomposition and recomposition, the result of chemical action occurring in the earth, independent of heat, and proceeding from underlying beds of coal, or other forms of carbonaceous matter; or from some other source.

---

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 16, 1857.

---

### DR. BELL'S EXPERIMENTS WITH THE INDIAN HEMP.

WE would call the attention of our readers, especially those interested in psychological science, to a curious and interesting paper on the *Cannabis Indica*, commenced in this number, and to be continued in our next. The writer, whose pen is new to our pages, although the name is among the household words of anatomy and surgery, and is, with different initials, well known in connection with the subject of insanity, seems to have engaged in a series of self-experimentations with the determination to ascertain why a drug represented to induce such remarkable effects on the psychical condition in Oriental countries, should have been dropped, after some trial in our hospitals for the insane, as inert and useless. It would seem, unless his experiences are in some degree peculiar to his own constitution (and certainly it is desirable that they should be repeated on others equally capable of noting and recording the results), that an insufficiency of dose explains the hitherto observed powerlessness of the drug with us.

Dr. Bell's views as to the analogies between an actually insane

state and the condition induced by the Haschisch are quite interesting, as are also his suggestions as to our having a means in watching the effects of the drug upon the sound constitution, by which to reach and appreciate the disturbances of the nervous system in insanity. We regard the paper as one of great ingenuity and originality.

#### MASSACHUSETTS STATE LUNATIC HOSPITAL.

WE are glad to see that the improvement in the mode of treating the violent insane, commenced in some of our hospitals a year or two ago, is still continued with most encouraging results. Two years since, we called attention to the condition of the Worcester Hospital, which had just been relieved from the pressure of more than twice as many patients as could be properly treated, by the transfer of two hundred and ten inmates to the Taunton Hospital, which was then first opened. At that time there were in the Worcester Asylum forty-eight "strong rooms," built of stone or brick, with gratings, and apertures for putting in food, taking out vessels, &c., which were used for the purpose of confining the furious, violent and indecent patients. This state of things was necessary in consequence of the overcrowding of the establishment, rendering a resort to the old method of force necessary, in certain cases, in lieu of more gentle treatment.

In consequence of the relief obtained by the reduction in the number of inmates, the Trustees were enabled to dispense with twenty-four "strong-rooms." Since July last, up to the time of the Annual Report (in December), Dr. Bemis, the Superintendent, had not, in a single instance, made use of these cells for the confinement of patients, nor has he as yet found it necessary to employ any extra attendants in the various wards. With regard to the violent patients, it is often necessary to confine them for short periods; but they are always placed in their sleeping rooms, and it is found that the effect is most favorable, the paroxysms passing off more readily than by confinement in the cells.

Another improvement which has been effected in the Worcester Hospital, is the adoption of a new method of warming and ventilating the building. The old plan had long been condemned as both defective and dangerous, but the expense of constructing new works in order to remedy these defects was so great, that the Trustees recommended to the Legislature to sell the present land and buildings, and to erect a new hospital upon a more improved plan. It was calculated that the expenses necessary to make the required alterations in the hospital, would amount to between sixty and seventy thousand dollars. The main difficulties to be encountered were the want of height in the wards, and the small diameter of the hot-air flues and ducts for discharging foul air. These obstacles, however, have all been overcome by a system of ventilation and heating adopted from the Utica Hospital. This consists in forcing air, by means of a fan driven by a steam-engine, through a chamber filled with steam-pipes, by which the necessary temperature is imparted to it, into the flues connected with all the apartments in the building. A constant change of air is thus secured, which may be increased or retarded at pleasure, by increasing or slackening the speed of the fan. The new plan has been found to work admirably, the air of the hospital being perfectly pure, and



of an agreeable temperature, while the expense of the alterations has been found to be under twenty-nine thousand dollars.

#### AMERICAN MEDICAL ASSOCIATION.

It has been a matter of common remark that the first Tuesday in May, the time fixed for the annual meetings of the American Medical Association, is too early for meetings in the northern cities. The subject was feelingly agitated by many of the delegates who attended the meeting last year in Detroit. Travelling in stove-heated cars, before the least appearance of vegetation, and while huge snow banks were in view along the route, was rather a dreary task. Our northern cities, moreover, at that season have a cheerless aspect, as compared with that presented the first week in June. Our southern brethren, especially, would certainly find it more pleasant to visit us at this later period. There seems to be no reasonable objection to leaving the time of meeting to be determined with the place of meeting each year. As the meetings are announced in all the medical journals of the country, no misunderstanding or confusion could result from such a change.

The annual convention of the Connecticut Medical Society, held soon after the meeting in Detroit, unanimously adopted the following resolution:

*“Resolved, That this Convention respectfully recommend to the American Medical Association to change the regulation for the time of holding the annual meetings of the Association, so that meetings in the northern cities may be held at a later season of the year.”*

It is hoped that this recommendation will be favorably received by the meeting this year in Nashville, and that measures will be adopted to effect the proposed change.

#### ROUTES OF TRAVEL FOR DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

DRS. JOHN H. CALLENDER, ROBERT MARTIN and P. S. WOODWARD, a committee appointed by the physicians of Nashville, Tenn., publish in the *Medical Journal* of that place the routes for delegates to the next meeting of the Association there. The following are the different routes pointed out by them from the North.

*“Delegates from New England and Northern States can reach this city by vessel from New York, Boston, or Philadelphia to Charleston, S. C., and thence by railroad, via Augusta, Ga., Atlanta, Ga., and Chattanooga, Tenn.; or from different points in that section, by railroad to Washington City, and thence via Richmond, Va., Weldon, N. C., Wilmington, N. C., Branchville, S. C., Augusta, Ga., Atlanta, Ga., and Chattanooga, Tenn. The western routes from that quarter are by steamboat from Pittsburgh, or by railroads westward through New York, Pennsylvania, Ohio and Indiana, to Louisville on the Ohio river, and thence by United States mail line of large and splendid stage coaches (via Mammoth Cave, Ky.), through in 36 hours to this city; or from Louisville down the Ohio river to Smithland, Ky., and thence by steamboat packet line to this city.”*

#### NEW YORK ACADEMY OF MEDICINE—THE LATE DR. KANE.

At a meeting of the Academy on Wednesday, the 8th inst., Dr. J. W. Francis, Chairman of a Committee previously appointed for the

purpose, offered appropriate resolutions respecting the death of Dr. Kane, accompanied with a brief but eloquent eulogy on his life and character. In speaking of his physical conformation and power of endurance, Dr. F. says—"I betray in no wise the confidence of friendship, when I state, what I derived from his own lips just before his last departure from New York, that his greatest weight had been 97 pounds, and that during a portion of his Arctic career it did not exceed 93 pounds."

The subject of the contagiousness of puerperal fever was afterwards discussed by the Society.

---

*Homœopathy; its Testimony against Itself.*—This pamphlet, republished from our pages, is a capital *exposé* of the actual weakness of the form of quackery about which there is such loud trumpeting in this country, just at present. We propose to notice it soon, and indicate certain portions which strike us particularly.

It is admirably suited as an answer to the frequent questions addressed to the physician, by his patients and others, as to the success and inherent value of homœopathy, and we recommend practitioners to put a few copies in their pockets to be used in this way. They will thus be saved a vast deal of time, now wasted in the endeavor to enlighten inquirers after truth in these respects. As to arguing the matter with those inclined to credit the pretensions of irregular practitioners of this class, it is simply absurd: when, however, they can be condemned out of their own mouths, the testimony is at once convenient and effective.

---

*Mass. Medical Benevolent Society.*—The members of this Society met, by invitation, at the house of Dr. PARKS, on Wednesday evening last. There was a numerous attendance, and much interest was manifested in the new enterprise. The funds of the Society were also materially increased. The members separated after having passed a most agreeable evening.

---

*Dr. Brown-Séquard.*—We are gratified in being able to announce that the *Académie des Sciences* of Paris, at their last annual meeting, conferred upon this gentleman a prize of the value of \$200, for his researches on Epilepsy, now publishing in this Journal.

---

DR. BENJAMIN CUTTER, of Woburn, received the honorary title of M.D. at the late medical commencement of the University of Penn.

---

*Health of the City.*—Scarlatina still lingers among us, having caused 13 deaths during the last week. The ages of the subjects were under 5 in six cases, between 5 and 10 in six cases, and 18 in one instance. The total mortality for the week is small. For the corresponding week of last year, the number of deaths was 68, of which 10 were from consumption, 3 from scarlatina, and 5 from lung fever.

---

*Deaths in Boston* for the week ending Saturday noon, April 11th, 65. Males, 30—Females, 35—Accident, 3—apoplexy, 2—congestion of the brain, 2—consumption, 14—convulsions, 1—croup, 2—infantile diseases, 5—puerperal, 2—scarlet fever, 13—disease of the hip, 1—disease of the heart, 3—intemperance, 2—inflammation of the lungs, 4—marasmus, 2—pleurisy, 1—disease of the spine, 1—scrofula, 1—teething, 1—unknown, 3—whooping cough, 2.

Under 5 years, 25—between 5 and 20 years, 13—between 20 and 40 years, 16—between 40 and 60 years, 7—above 60 years, 4. Born in the United States, 49—Ireland, 11—other places, 5.

*Mortality of Charleston, S. C.*—In preparing the statement on this subject, in the Journal of April 2d, from Dr. Dawson's Annual Report, one part of his tables showing the causes of death was inadvertently overlooked. The last two lines in that statement should read as follows:—The deaths by yellow fever were—whites, 203; blacks and colored, 9. By consumption—whites, 70; blacks and colored, 85. Of old age—whites, 25; blacks and colored, 86.

*Medical College of Virginia.*—The annual commencement of this College was held in Richmond, at the close of the winter course of lectures. A large and brilliant audience attended the exercises, and the honors of the doctorate, as we learn from the *Virginia Medical Journal*, were conferred on the graduating class, which numbered twenty-three. Prof. Jones delivered the valedictory address.

*St. Louis Medical College.*—The exercises at the annual commencement of this institution were held on the 28th of February. In the presence of a large and intelligent audience the degree of Doctor of Medicine was conferred on forty-four young gentlemen composing the graduating class. The *ad eundem* degree was also conferred on seven medical gentlemen, and the honorary degree on Dr. Henry C. Wright, of Warren County, Mo. Prof. J. H. Walters delivered the charge to the graduates. At the close of the exercises, the members of the class presented to the Faculty a faithfully-executed portrait likeness of their Dean, Prof. Charles A. Pope.

*Missouri Medical College.*—The annual commencement of this College also took place on the 28th of February in St. Louis. The degree of M.D. was conferred on thirty-one graduates; the *ad eundem* degree on one, and the honorary degree on four medical gentlemen. Prof. Frazer delivered the valedictory address to the graduates, before a very large audience, as we learn from the *St. Louis Medical and Surgical Journal*.

*Medical College of Georgia.*—The number of students in attendance upon the late course of lecture in this College, located at Augusta, as we learn from the *Southern Medical and Surgical Journal* of that city, was 160—of whom 105 belonged to Georgia, 20 were from South Carolina, 27 from Alabama, 3 from Mississippi, 3 from Texas, and 1 each from Tennessee and Florida. The Faculty of the College have recommended to the Trustees 55 of these students as qualified to receive the degree of M.D. John Venable, M.D., of Jackson Co., Geo., was admitted *ad eundem gradus*.

*The Poisoning Cases at Washington.*—The following is an extract from a letter to a physician in New York, from Dr. Thomas Miller, for many years President of the Board of Health of Washington, D. C.:

"I have never known our city more healthy than at present. The disease which made its appearance at the National Hotel was from a local cause, and never extended beyond the hotel. One or two or a few of our citizens were affected from eating at or visiting the hotel, but the disease attacked none others. It was confined to persons who stopped at the hotel, and *never spread beyond its walls*. The Board of Health, after full investigation, are satisfied that the disease arose from local causes, filth, bad sewerage, &c. There never has been a case, which came under our notice, that justified the suspicion that any poison (mineral) had caused it. *No fatal case has occurred here.*"

*Operations for Hare-lip.*—In a notice of a recent operation for hare-lip by Dr. Dow, of Fredericton, N. B., published in the *Reporter* of that place, it is stated that he has performed the operation forty-two times previously in New Brunswick, and that this is his 89th operation for this deformity. "Seventeen of the whole number of patients operated on were between 2 and 8 months old, 29 between 8 and 12 years, 16 between 13 and 20 years, 11 between 23 and 32 years, 7 between 35 and 40 years, 2 at 43 years, and 7 at 48 years old. Chloroform has been administered in every case but four—in these four cases chloric and sulphuric ether were used."

Dr. William Darling, formerly of New York city, has been admitted a member of the Royal College of Surgeons, in London.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. LVI.

THURSDAY, APRIL 23, 1857.

No. 12.

---

DR. JOHN BELL ON THE HASCHISCH OR CANNABIS INDICA.

[Concluded from page 216.]

A FEW words upon each of the kinds of psychical disturbance caused by the *Haschisch* will conduce to the better understanding of its action, and of its relations with the analogous, or precisely similar phenomena of insanity.

Throughout the whole period of its effects, there is a sense of pleasurable excitement. By the French authors who have experimented and written on the subject,\* this feeling is regarded as one of the most marked phenomena of the drug. Doubtless this was the case with them: with myself, it has never been so great as is generally represented. It is true there is a strong tendency to laugh, but it is a laugh in which the feelings participate to a very slight degree. It is the same to whatever subject the thoughts are directed. In delusions of an agreeable or disagreeable character, there is the same smile. It is different entirely from that state of mental excitement, attended with pleasurable emotions, which is met with in the first stages of many cases of insanity. In such instances the sentiments of pleasure are caused by the most sanguine anticipations of success in every wild project. It is a feeling which would be very proper, did not its cause show too plainly the intellectual disturbance which pervades it. There is nothing like this in the effects of the *Haschisch*. The face does not as ordinarily prove a true index to the mind. While the thoughts do not pause long enough upon any subject for the feelings to be touched, the face is covered with smiles. Disagreeable anticipations and a joyful expression of countenance do not seem at all incongruous. It seems to be all on the surface, leaving the depths below unmoved. The condition is much the same as in dreams, when we are often surprised at our own callousness to all impressions of pleasure and pain: when good and bad fortune alight over us without exciting happiness or sorrow. Perhaps up

---

\* Annales Medico-psychologiques—*passim*.

ferent temperaments, the action of the drug may be essentially different. My own experience of it has been sufficient to convince me that this sentiment of happiness may be completely lost in the crowd of other phenomena. It would have been hardly worth while to notice so slight a peculiarity, were it not that one of the most interesting of its proposed therapeutic uses is in connection with this property.

It has been proposed by M. Moreau to take advantage of this reputed action, to combat certain varieties of insanity connected with melancholy and depressing delusions. If a series of hallucinations of a pleasing character, or a state of pleasurable excitement, could be produced and kept up for a length of time, the change might become permanent. The morbid chain of thought might be broken, and the mind resume its healthy action upon the withdrawal of the medicine. Used in this way, the drug would seem to hold a middle place between medical agents as ordinarily used, and the moral discipline which is principally relied on at present. This proposed application is original with M. Moreau, but the idea of superseding melancholy by exciting pleasurable emotions, is certainly as old as the time of David, whose harp succeeded in driving the evil spirit out of Saul. Such means, in cases of true insanity, have in practice fallen into utter contempt. Music, *per se*, never has cured an insane patient in our times, or, as a late writer says, "music never cures insanity, except such cases as appear in the comic opera." Music may be, and unquestionably is, of value as one among the diversions and employments which take off the tedium of hospital life, and *pro tanto* occupy the space in the disordered mind, which would otherwise be absorbed in diseased acts and reflections. M. Moreau reports several instances of doubtful cures effected by the medicine, but confesses that his experience of its use is limited. The following cases from his work will illustrate its effects upon the variety of insanity in question. "Two patients suffering under melancholia, after five or six hours experienced a lively excitement, with all the characters of gaiety and sprightliness which we have observed. One especially, tormented by terrors of imagination and melancholy delusions, who had not spoken ten words a day for more than nine months, did not cease to chat and laugh and joke during the whole evening. I rarely found in his words any connection with the ideas which habitually occupied his attention. However, the excitement over, both fell again into their previous condition."

The use of the *Haschisch*, with this view, has not been extensive in this country—not so extensive as it deserves to be. It has been tried, however, in several of the insane hospitals, but the results have not been encouraging. Indeed, in most cases they have been completely null, so that the suspicion has been engendered that it does not possess the physiological action attributed

to it. Nothing could be more unfounded; there is no article in the whole *materia medica* which, according to my observation, is more to be depended upon to induce its peculiar effects. But it must be given in doses much larger than those usually employed, that any effects may be experienced from it. We could hardly expect that cases having their origin in extensive physical disease, can be benefited in this manner. But in functional diseases of the brain, it certainly gives promise of possessing powers more directly useful than any other specific drug of the *materia medica*.

Every one is aware how much our ideas of time depend upon the rapidity of thought, and the degree of attention we give to passing events. While the mind is busily engaged in conversation or reading, we seem to lose all notion of the succession of events; we live in a world of ideas, retaining, however, an intimate sensation of the fact that we are only thinking. In this state we take no note of the passage of time; an hour is compressed into a minute. In dreaming, the mind is just as busily engaged, and yet we may magnify an instant into any conceivable limits. In the state of reverie, the same thing occurs, though to a less marked degree. The fact is familiar to every one that we may be awakened by some noise, and in the interval between sound sleep and complete wakefulness, we may pass through a long imaginary conversation, or an extended series of events, ending with some explosion or catastrophe, which on being completely awake, we are aware is only the noise which has awakened us. Our ideas of time, then, do not depend exclusively upon the succession of mental pictures. They are much more closely connected with the degree to which we identify ourselves with our thoughts. Just in proportion to their vividness and the extent to which they overcome our attention to the fact that we are thinking—not acting, just in such proportion does time correspond to what it would be, were the subject of our thoughts real objective facts. This sensation of the excessive duration of time, is perhaps the most remarkable and obvious of the effects of hemp, and the extent to which it is experienced may be regarded as the best means of regulating the dose. It is never absent, throughout the whole duration of the mental disturbance, and the deception is so complete and so disagreeable, that no one who has taken it need ever be in the slightest doubt as to whether he is experiencing its effects or not. In the higher degrees of its action all definite ideas of time are lost. Past, present and future exist no longer. The whole existence is concentrated in the train of thought we are engaged in. In dreaming, this change in the ideas of time is not unpleasant, for we cannot observe the discrepancy between our present and former sensations. The following case of insanity, where all proper notions of time were lost, is abridged from Moreau. “A young lady, during the first few days of an attack of maniacal excite-



ment, believed that she had no longer any age. She imagined herself to have lived at every historic epoch to which memory carried her. Those about her were reproached with having stolen her measure of time. Her mother was acknowledged as such no longer, for the reason that she could not have a mother younger than herself." Another believed himself to be God, because he had existed from eternity. Under the influence of *Haschisch*, the ideas of time may be regulated by the intellect, and consequently one is never led astray, except when the attention is directed to another subject; while this is the case, the sensation of immense duration of time is continually and intimately present. Without having experienced it, no one can form the slightest idea of its vividness and reality.

The errors in regard to space are dependent for their existence upon those of time, and are of much the same nature. During the existence of the *fantasia*, an object does not appear more distant than under ordinary circumstances. But while the hand is stretched forth to take it, and we are conscious that the movement is executed with ordinary rapidity, such a length of time has passed away, that only the exercise of reflection and the direct evidence of the sense of sight, can convince us that the hand has not moved through a space corresponding to the time it seems to have been in motion.

The deception is never so complete as that in regard to time; a glance of the eye corrects it, but it rules again as soon as the head is turned. It is in this circumstance that insanity differs from the delirium of an ordinary dose of hemp. In the former, and in cases of large doses of the latter, the sense of sight does not correct the delusion. The sensations coming from the eye are overruled by the reality of those having their origin in the imagination. It is only during the occasional lucid moments of *Haschisch* that the judgment can be exercised, or the eye directed to an object to appreciate its circumstances. Not that the muscles are paralyzed, but the will does not put them in motion. As in an ordinary reverie, the vacant stare shows that the mind does not take cognizance of the objects towards which the eyes are directed.

The first effects of it upon the intellectual faculties, are a gradual loss of power to direct the thoughts. The sense which is ever present in mental health, that we are responsible for what passes in our minds, is lost. This loss is never partial as to any single thought. We do not perceive this power to be gradually slipping away so that we can mark each step of its departure, but suddenly, like lightning, it occurs to us that, the moment before, some thought came into the mind by a channel very different from ordinary. To use a well-understood manner of speaking, we have nothing to do with its presence—it came there of itself. In small doses, its

effects are limited to this degree of mental disturbance. If the quantity taken has been larger, these attacks recur oftener and oftener, the experimenter losing and regaining the consciousness of directing the course of thought many times in a minute. When under the highest degree of its action, the glimpses of the fact that our thoughts are not our own, are few in number and momentary in duration. In this state of veritable mania, ideas come and go with a rapidity completely inconceivable in ordinary mental conditions. Some glide through the mind without seeming to make any impression at all; others become realities as perfect as though admitted through the senses. Yet in all this overthrow of the governing power, there is a certain degree of connection in the succession of ideas. But the attention is so slightly concentrated upon even the most vivid of them, that the slightest occurrence, the movement of a hand or a word addressed to us, sweeps them away in an instant. We live in the thought that is uppermost at the time; those which are past are as nothing, and we take no thought of what the future are to be. Intentions formed the moment before, are lost. If we wish to say anything, the chances are equal that it will be forgotten—buried by the succeeding idea. Let one in this state attempt to write, and he will produce a composition similar to what is often seen by those practically acquainted with hospitals for the care of the insane. Broken phrases, words without the least connection, with occasionally a few sentences having some obviously connected ideas at bottom, make a compound highly characteristic.

The conversation is more connected than the writing, for it is better able to keep up with the thoughts. In both there is some connection in the mind of the individual; while one word or part of a sentence is being written, a multitude are gone, and when the pen comes to a stop, it goes on again with the train of thought which is present at the instant, without endeavoring to go back and take up the thread which is lost. In talking, one feels compelled to finish the sentence without an instant's hesitation; if the word which expresses the meaning does not occur, another is substituted for it without reference to its signification. If we hesitate, the train of thought is overwhelmed by the rushing tide of ideas, which never waits for utterance. The connection between successive conceptions, however, is not always perceptible to the individual, even in the slight degree referred to above. A large portion seem to be mere isolated pictures, drawn alike from memory, from imagination and from incidents which happen to be taking place at the time, but all strangely confused and equally transient in the impression they make. This mental state is so similar to many cases of insanity, that it would be difficult, if not impossible, to distinguish them without having recourse to their duration and the causes which produced them. The extreme rapidity and vividness

of thought are absolutely identical with the most observable phenomena of that disease.

Mania is by far the most hopeful species of insanity, in respect to its prognosis, while dementia is the most hopeless. It has been thought that in cases of mental disease, tending to fall into the latter state, the powerful stimulation of the hemp might perhaps arrest the downward course, and place the patient in a state more amenable to treatment, and consequently more hopeful, as regards chances of ultimate cure. With these ideas in view, it has been administered in very heroic doses in all stages of hebetude. But the mind in this condition seems to have completely lost its wonted resiliency: it responds no longer to what were once powerful stimuli. In this state the hemp produces no perceptible effects, in the more advanced stages, and only the slightest change in any. All hopes of benefit resulting from its administration in these cases, have been abandoned by the author, himself, of the proposition—a sure proof of its utter want of any probability of value.

But the most interesting of the effects of the hemp are in connection with the subject of delusions. It is in reference to these that it can be put to the best use in assisting to understand the workings of disease. There are very few cases of insanity but exhibit delusions at some period of their course, and there are not a few persons, ordinarily reputed sane, who are subject to them. A clear understanding of them will conduce, more than anything else, to a full understanding of those mental states which are spoken of under the collective term insanity. Their importance will justify a closer examination than any of the other morbid mental manifestations, caused by the drug of which we are speaking.

Before the time of Esquirol, all the mistakes of madness were included under one term. He saw reason to divide them into two classes—illusions and hallucinations; the first taking their origin chiefly in a disordered condition of the senses, the latter depending exclusively upon intellectual disturbance. These distinctions of the great master have been adopted by most succeeding authors who have written upon the subject. Whether these divisions are founded in nature, and show evidence enough to demand adoption, we shall presently examine. In the mean time, a few words on the origin of hallucinations in addition to what has been said before. They have the same relation to disorders of the intellect that ordinary states of consciousness do to healthy manifestations of that function. There is no word which gives any better idea of the process by which these figments of the brain come to be regarded as facts, than there is of the way in which we come to believe so strongly in our own existence, or the existence of the objects we feel or see. There is certainly not the slightest similarity between hallucinations and ordinary mistakes in regard to the existence of facts. One pre-supposes the exercise of the



memory; the other acts without it and even defies it. The circumstances under which they have their origin are as varied as the hallucinations themselves. Many seem to be purely intellectual, at least the chain which connects them with the external world is too long and complicated to be followed. Some idea, disconnected perhaps, or having a very loose connection with those preceding it, assumes the attributes of reality, and for the future it is an idea no longer, but becomes a fact, and is reasoned and acted upon as such. The great majority of the hallucinations of the insane have this origin. Their fears and suspicions, their strange actions, their pride and humility, are often founded upon some belief which they act upon but do not disclose. Perhaps in many instances it is too vague to be put into words. A thought suggested by another may be adopted in the same way and become a thought and finally a belief of our own. Some sensation of pain or uneasiness in a particular part of the body turns the thoughts in that direction, and forthwith a delusion is established. This is peculiarly apt to be the case in hypochondria, where the stomach being in most cases the peccant organ, is believed to be the abode of some reptile. Esquirol relates cases of a woman suffering under chronic peritonitis, who believed the Pope was holding a council in her belly; of a military officer who had rheumatism in the knee, and believed there was a robber confined in it. These last, however, he gives as instances of his variety of illusions, though in this he is not followed by other writers, who confine themselves exclusively to the five senses.

The idea of illusions is perhaps too strongly fixed, by the ability and influence of writers who have acknowledged their existence, to be easily refuted. There are certainly no such phenomena among all the varieties of psychical disturbance caused by taking the hemp, though there are delusions which if observed in another and judged by the rules laid down by writers on mental pathology, would be considered as striking instances of them. There is never the slightest lesion of the sentient extremities of the nerves, so far as I have experienced. The senses are as perfect as ever, and the information given to the mind is as correct as though the latter were in its natural condition. It is in the disordered state of the psychical system that we must look for the origin of all insane delusions, whether having reference to objects of sense or not. There is no ground for the distinction that has been made between hallucinations and delusions. On this subject Ray\* says, "that the functions of the senses are sometimes greatly perverted, there can be no question; but it needs more evidence than we yet have to prove that such perversions have much if any part in producing these illusions." The principal arguments for the existence of sensory illusions are of this kind: a person may

---

\* Medical Jurisprudence of Insanity.

have continually before him some vision, as long as his eyes are open, but upon shutting them the delusion disappears. Or it may last during the day and disappear at night, or *vice versa*. It is inferred from such cases, which are sufficiently numerous, that the whole difficulty is in the sentient extremities of the sensory nerves, and that as soon as these cease to act, the object seen disappears. The true explanation of these and similar cases seems to be this. The mere contact of light with the retina gives rise to ideas, perhaps immediately, perhaps through a crowd of others preceding them, which are taken for verities. And all this, while the objects within view are seen as well as ever. But the sensations caused by sight are too feeble and receive too little attention to compete with the vividness of those supplied by the perverted intellect. The facility with which the evidence of the former is passed by, and credence given to the latter, is astonishing and inexplicable to one who has not experienced it in his own person. Esquirol mentions the case of an individual who, under the influence of such a delusion, took a window for a door, walked through it and was precipitated from the third story to the ground. If there had been the slightest doubt in the mind of this person, the uncertainty would have saved him. He must have seen what was before him, but pre-occupied with the notion of the door, the evidence of the eyes made no impression. The hearing is passed by in the same way, but still oftener, for sounds are rarely so continuous as objects of sight. A person under the influence of hemp may carry on a tolerably well-connected conversation, till suddenly he makes some remark which shows that it is made in reference to his own thoughts, rather than to anything which has been said before. He confounds what is passing in his own imagination with the thoughts of others, and consequently attributes to them motives and intentions which they do not possess. His memories of the past and anticipations of the future are drawn from the same inexhaustible fountain. Add to these false premises, false reasoning, warped affections and a disordered will, and the picture of insanity is complete.

Any one who, under the influence of *Cannabis Indica*, has seen what the human mind is capable of becoming, cannot but feel a lively interest in those who are suffering under mental alienation; he cannot but look with hope to it, as a means of more fully comprehending what is the most distressing of finite calamities, and he cannot but think that a substance, the action of which is so powerful and unique, will be found, when fully understood, to possess valuable therapeutic virtues. But this point can only be set at rest by a series of experiments more careful and extended than has yet been made.

## THE LATE DR. H. S. STEELE.

[Communicated for the Boston Medical and Surgical Journal.]

DR. HENRY SHERWOOD STEELE, late of Dixon, Ill., died at Roxbury, Mass., on the 18th of March, of consumption. He was born in Hartford, Conn., September 5th, 1828, and was the sixth in descent from John Steele, who made the first English settlement in Hartford in 1635, and was the first secretary of the Colony and one of its first magistrates. Dr. Steele was left an orphan by the death of his father, when eighteen months old. In early childhood he was particularly distinguished for his fondness of books, and was fitted for college a year before the rules would permit him to enter. After three years at Trinity College, in Hartford, he entered the Senior Class at Yale, New Haven, where he graduated in 1847, before he was nineteen years old. During the autumn of the same year he entered the office of Prof. Armsby, at Albany, N. Y., where he pursued the study of medicine and surgery, and attended two courses of medical lectures at the institution in which Dr. Armsby is professor. In the spring of 1849 he took the overland route for California, and returned in February, 1851. He soon after resumed his studies in the office of Prof. Armsby, and performed the duties of night physician for the ordinary callers, and attended a third course of lectures the following winter. In March, 1852, his failing health admonished him to seek a climate more favorable to persons affected with pulmonary disease, and in the summer of that year he established himself at Dixon, Ill. In the following winter he attended a fourth course of lectures at Chicago, and there graduated in the profession of his choice. He practised a short time at Dixon, but becoming convinced of the character of his disease, he relinquished the active duties of his profession and turned his attention to less laborious pursuits—spending the most of his time in travelling. The winter of 1855-6 he spent at St. Augustine, Florida—seeking relief under a more salubrious sky. He purposed returning there the last autumn, but was unable to leave the house after the middle of November. He was confined to his chamber about twenty days previous to his death. He was 28 years of age. He possessed a refined and cultivated intellect; his conversational powers were brilliant; he was apt at repartee, and was the life and soul of the social circles in which he moved. He was cheerful and patient during his entire sickness, and died in the hope of the gospel—leaving on record his dying testimony of faith in Christ.

---

*The Use of Glycerine for the Preservation of Organic Bodies.*  
 —Luton states that animal and vegetable substances may be kept for a long period perfectly free from decomposition when immersed in glycerine. He also finds that it is a good antiseptic agent for injecting dead bodies.—*Medical News and Hospital Gazette.*



## Reports of Medical Societies.

---

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

MARCH 23d.—*Excision of the Tonsils.* Dr. J. MASON WARREN remarked that he had lately removed the tonsils from a child, in whom, in addition to the ordinary symptoms of obstruction to the breathing, and alteration of the voice, was produced a most remarkable spasmodic cough resembling the barking of a dog.

Dr. W. said he would take this opportunity to speak of the result of his experience in the operation for excision of the tonsils. Some years since (1839) he had read before this Society, some remarks on enlargement of the tonsils, attended by certain deformities of the chest, and the result of twenty cases was given in which the operation had been performed. This was published afterwards in the *Philadelphia Medical Examiner*. More lately, he had given the result of two hundred cases which required operation, and at present his experience would reach to above five hundred instances in which the tonsils required to be removed. These cases had not been taken indiscriminately, but the operation was only performed where the symptoms were more or less urgent, and other remedies had failed in affording relief; causing deformity of the chest, difficulty of breathing, choking at night, unnatural and offensive discharge from the mouth and nasal passages. Many of these cases were brought from a distance, on account of the importance and severity of the disease.

In none of these cases had he ever seen any fatal accident occur, or had reason to regret the operation. In but two cases, and those not in his own practice, but where he had been called in after the operation, had he seen any serious hæmorrhage; both these cases did well. In almost all of them the symptoms were at once relieved, the patient was able to take his food with comfort, to sleep better, and exchanged a pallid and depressed aspect, for a healthy and animated appearance. To the rapidity with which some of them had gained flesh, as soon as a proper amount of oxygen was allowed to penetrate to the lungs, many of the gentlemen present would bear witness. He could conscientiously say that he knew no minor operation in surgery that afforded greater relief and more satisfactory results than the one under consideration.

In answer to the question whether the tonsils were ever reproduced, requiring a repetition of the operation, Dr. W. said, that in four or five instances only had he been obliged to repeat the operation. The whole of the tonsil never is, or ought to be, removed. When the enlargement is very great and irregular, it sometimes extends down the throat with a broad base, and it is not possible to embrace at once in the instrument, as much of the tonsil as it would be desirable to remove, and the apex only is excised. The consequence is, that the lower portion afterward rises up and comes into view, causing obstruction, and requiring another operation. These cases were, however, very exceptional.

The instrument that Dr. Warren had always used was the guillotine instrument, introduced into practice by Dr. J. C. Warren—made perfectly simple, without any needle, or spring to seize or drag out

the part to be removed. The thick mucus of the fauces causes the portion to be cut off to stick to the instrument, so that it seldom escapes into the throat. The objection to those instruments which cut by pulling the knife out is, that they require to be kept constantly sharp, otherwise the tonsil may be dragged or torn out. The guillotine instrument does not require this, in fact it is better dull, causing less hæmorrhage, and possibly a subsequent greater destruction of that part which remains. His own instrument had been to the instrument-makers but once or twice for the last fifteen years. It was kept bright and in good order by not putting the blades together except when used.

In this connection Dr. W. said that he had once seen death occur from enlargement of the tonsils. A young man was brought into the Massachusetts General Hospital in a state of strangulation, and it was necessary to open the trachea to save him from instant death. Stimulating injections of brandy and water were given him, as he was unable to swallow, and by this means he was kept alive some hours, but finally died from exhaustion. It was subsequently ascertained that he had been confined some days on board ship with a sore throat, but no danger had been apprehended until the urgent symptoms came on, for which he was removed to the Hospital. After his death, the finger being introduced into the throat, revealed the cause of his death. The tonsils were so much enlarged as to completely fill up the posterior fauces, and were firmly wedged, one into the other, and had finally pressed down the epiglottis, entirely obstructing the passage of air to the lungs.—(See *Society's Records*, vol. i., p. 233.)

Dr. COALE mentioned a case reported by him eight years ago, in which a child with this affection suddenly fell dead, the enlarged tonsils having become so wedged as entirely to exclude the air. \*

Dr. CABOT alluded to a case of enlarged tonsils in a child who had had scarlet fever. The patient was recovering, although the tonsils still remained enlarged and ulcerated. It, one day, asked for milk, which the nurse gave it, contrary to orders, and after one swallow the child fell dead.

Dr. Cabot agreed with Dr. Warren as to the beneficial results of the above operation.

Dr. MINOT was called, about eighteen months since, to a child 10 years old (apparently not more than 6), who was in a fit. This was caused by indigestible food, and lasted four hours; the respiration being accompanied by snoring. Dr. M. examined the throat, and the tonsils proved to be enlarged. These were removed, and their removal was followed by a marked improvement in the health of the child, who, before the operation, had been subject to frequent fits, which had not since recurred.

Dr. HOMANS had seen two cases in which the operation was necessary; in one of these, the operation, although thorough at first, required to be repeated five years afterward. In the other case, in which both tonsils were removed, one is now again in a condition to require removal. He thought the operation often highly beneficial in its effects.

MARCH 23d.—*Painful Crepitation of Tendons.* Dr. J. MASON WARREN said that a number of years ago he had called the attention of this Society to a rare affection, treated of by Velpeau under the name of

"Crepitation douloureuse des tendons," and not described in English works. These remarks were published among the transactions of the Society in the *New England Quarterly Journal* for 1843. He had just met with another case of this affection. A woman employed in wringing out clothes, was seized with a severe pain in the back part of the arm, near the wrist. This became swollen, and Dr. W. saw her on the following day. A swelling and redness then extended up the arm toward the elbow-joint; very painful to the touch and motion. On rotating, and flexing the hand and fore-arm, the fingers being on the injured part, the peculiar sound alluded to was perceived. It was a dry explosion of crepitus, which at first might be mistaken for that of a fractured bone, by one who for the first time observed it. It had been compared to the rubbing together of coarse brown paper, or dry salt. In those cases where the accident had occurred to the long head of the biceps, it had been mistaken for a fracture of the head of that bone.

The symptoms last about fourteen days, and yield to rest and anti-phlogistic remedies. M. Velpeau explains the sound, by the frictions of the tendons against the dry synovial sheaths, its fluid being absorbed from the inflammatory process consequent on the injury.

Dr. W. had seen a number of cases, since the one first related to the Society, chiefly occurring in washwomen, from violent twisting of the wrist in rinsing clothes.

To a question of how soon the symptoms occurred after the accident, Dr. W. said that he had usually observed them in about twenty-four hours.

Dr. Hooker had seen the same affection in the extensor tendon of the thigh—having been caused by a strain.

Dr. Coale had a case of crepitant tendon during the past winter, in a man who had been engaged in lifting heavy lumber. There was great pain in the part, and a crepitus as if two hard dry substances rubbed together. It yielded to the tincture of iodine, with which the part was painted very freely twice a day.

Dr. C. also remembered a case which occurred some years since, in which a woman was seized by her arm in sport, by her brother, a strong man. His finger caught the arm on the outer edge of the biceps, and there compressed the nerve very strongly. The result was an inflammation extending down the sheath of the tendon of the biceps, accompanied with crepitation and a paralysis of the parts supplied by the external cutaneous nerve. The first symptom was relieved by the application of revulsives in a short time, but the latter persisted for more than a month.

---

EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

L. PARKS, JR., M.D., SECRETARY.

*Hæmatemesis*.—Dr. BUCK, alluding to the treatment of hæmatemesis, stated that he had found that symptom frequently relieved by creosote. He combined from six to nine drops of creosote with one ounce of simple syrup, and gave of the mixture one teaspoonful every two hours.

*Tarry Dejections*.—Dr. GAY spoke of the difficulty of determining, in some cases, whether the alvine discharges which we denominate *tarry*, consist of blood or bile. In a case under his care, a dejection



having the appearance of blood, to the naked eye, on being examined with the microscope was found to present no traces of blood. He asked Dr. ELLIS if he had ever seen in the gall-bladder, or intestines, bile of the consistence of tar. Dr. E. replied that he had, both in the intestine and in the gall-bladder—particularly in the latter situation.

*Belladonna vs. Scarlatina.*—Dr. BOWDITCH stated that in an institution containing from 70 to 80 children, he had, during the late epidemic of scarlatina, to calm the anxiety of persons connected with the establishment, administered belladonna as a prophylactic. A child, a few days after its entrance, had been attacked with the disease. The remaining juvenile inmates of the asylum were then, each of them, put upon one-fiftieth of a grain of belladonna daily. Some individuals became nauseated under the use of the drug, but *none* of the children have as yet had scarlatina.

Dr. BUCK was not at all surprised at this result, as he did not, on the whole, believe that scarlet fever was contagious. He had seen many instances in which one child *only* of a family had the affection. He had used belladonna *in* the disease (to quiet excitement)—not *before* it. His dose was fifteen drops of a solution of two grains of belladonna in an ounce of water.

Dr. BUCKINGHAM was surprised to find that any member of the Society coincided with him, in the opinion which he held, that scarlatina was *not* contagious. But, he asked, why, if one-fiftieth of a grain daily of belladonna prevented the 79 children under Dr. Bowditch's care this season, from scarlet fever, the remedy did not succeed as well at the Orphan Asylum, on Washington st., in the epidemic of 1848, where the alleged prophylactic was faithfully tried, and where, nevertheless, one third the children in the house went through the disease. Furthermore, the results this season, at the Orphan Asylum, tallied remarkably with those of the epidemic previously mentioned, and yet no belladonna had been given. Dr. B. knew of a family of thirteen children, all of whom had had scarlatina, but no two of whom had had it the same year. And yet, there had been no seclusion of the sick from the well.

Dr. ALLEY, physician to the Orphan Asylum, on Washington street, was called upon to state his experience at that institution, as bearing upon the belladonna question. In 1848, he said, a certain number took belladonna, while the remainder did not. There was no manifest difference between the two classes as to susceptibility to the contagion. In 1848, about one third of the children in the asylum had the disease, and one patient died. In the present epidemic, the same proportion of the inmates—one third—were seized, and, as in 1848, one only of them died. There was some difficulty in ascertaining how many had had the disease before entering the institution.

Dr. GOULD remarked that the results at the Asylum corresponded with those of his own observation:—viz., that about one third of the persons exposed took the disease. The fact that so many patients were found to be attacked in just about a week from a single exposure—the period of incubation usually assigned to scarlatina—was confirmatory of the existence of contagion.

Some discussion then followed between Dr. G. and Dr. Putnam as to the period of incubation of the exanthem, the latter gentleman

thinking it quite variable, the former regarding it as seldom varying more than two or three days from a week.

Dr. Putnam questioned the propriety of a practitioner, who disbelieves the prophylactic influence of belladonna, giving that drug merely to gratify the wishes of parents. A physician should in no way countenance the prevalence of what he believes to be error.

Dr. P., as well as Dr. Gould, argued in favor of the contagion of scarlatina to a certain extent.

Dr. JOHN WARE differed from Dr. Putnam somewhat. He thought it for the interest of science that we should avail ourselves of all proper opportunities for bringing theories or hypotheses, even though we believe them to be erroneous, to the test, as fully and completely as possible, so that when questioned as to them, we may be able to give a satisfactory answer—yes, or no. Acting upon this principle, he had, some thirty or forty years since, tested the then alleged prophylactic power of sulphur against measles: and although having no faith in the drug, as a preventive of rubecola, caused a large number of persons, not otherwise protected from the disease, to make use of it. Having tried it, he found it wanting.

Dr. Ware being interrogated as to his mode of treating the dropsy consequent upon scarlatina, replied that he was guided by the condition of the patient. If affection of the kidneys were indicated, as by tenderness of the renal region, he sometimes applied leeches, or gave a moderate cathartic, as, for instance, of calomel. After the disease was well formed, he gave acetate of potash and analogous remedies. But he was particularly pleased with the effect of hock wine in large doses.

Dr. Buckingham asked if the proportion of albumen in the urine was affected by the hock wine. Dr. Ware replied that he had observed a gradual diminution of the albumen as the children recovered.

Dr. Alley mentioned that a child at the asylum, affected with œdema, was relieved of it by a diarrhœa which set in to the extent of 20 dejections per diem. The patient recovered under the use of quinine and beef tea.

*Erysipelas.*—Dr. CORNELL mentioned a case of erysipelas of the nose, to which he applied tincture of iodine without benefit. At the end of seven days the erysipelas disappeared, and pleurisy set in; the pulse sinking. Carbonate of ammonia was given, and also brandy, to the amount of half a pint, with a pint of whiskey per diem; and at the end of the second day the patient began to rally. He ultimately recovered.

*Abscess of the Liver and Tophlo-Enteritis.*—Dr. GOULD described the case of a man who had symptoms indicative of abscess of the liver, and whose death was preceded by hæmorrhage from the bowels, which, with the other phenomena, was referred to the hepatic disease. At the autopsy abscess of the liver was indeed found, but the death was ascertained to have occurred as a consequence of tophlo-enteritis. The appendix cœci had sloughed off, and in the pelvis were found two beans. The patient had eaten beans a little over three weeks before his death.

---

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

---

 BOSTON, APRIL 23, 1857.
 

---

## THE GRADUATES OF OUR MEDICAL SCHOOLS.

THE publication of the names of the graduates of our medical schools has again suggested the question—How many of these graduates have purchased the *prestige* which properly belongs only to a regular physician?—the sellers, the faculty of the college, knowing full well that the recipient of the degree will in the next month put himself in direct opposition to all of our noble calling, as a homœopathist. Truly this is an important question, and we should like to see it, and all the collateral questions that arise with it, treated at length. The matter-of-fact, practical result of the course pursued by the medical schools in graduating such men, is to let loose upon society a set of practitioners provided with certificates that they are “*peritissimi*,” “*doctissimi*,” “*aptissimi*,” “*in rebus medicinæ*,” “*in arte practicandi medicinæ*” (or whatever other Latin it may be expressed in), giving them all the privileges, advantages and stamp of regular, *proper* physicians—signed by professors who know well that the next day, even, they themselves will disown those they have so endorsed if they meet them at the bedside of a patient. In plain English, the signers of these diplomas know that the men they sign for are not fit to practise medicine, that they never intend to do it, but that they intend to follow what these very professors, outside the college, are the readiest to stigmatize as humbuggery, quackery, homœopathy—in their own interpretation, three synonyms.

The gross inconsistency of some of these professors is exhibited in the fact, that while they are so willing to sign a diploma for a homœopath provided he answers a certain set of questions, they are the first and the most violent in scoffing at another individual, no matter how thoroughly educated in medicine, no matter how well imbued with *esprit de corps*, no matter how well qualified in the mental and moral for the practice of medicine, “*purche porta la gonnella*,” as our friend Leporello says. We should like to know the reason why.

We have heard many attempts at an excuse for this course of our professors. “They cannot tell what course a graduate will adopt.” They can tell, they know it full well from his antecedents; and here again another outrage suggests itself. The laws of our medical schools require that the graduate shall have studied three years under a regular practitioner. Our professors, by accepting the names of homœopathists as fit preceptors for their graduates, confess them to be “regular practitioners,” and endorse them to the public as such. As an instance, the last catalogue of Harvard University has three—one a homœopathist, the others we believe steam doctors or botanical physicians, none of them members of the Massachusetts Medical Society, and therefore, according to the decision of one of our judges, a few years since, quacks.

If, however, there is any difficulty in finding out what the proposed graduate intends doing, why not imitate the Censors of the Mass. Med.



Society for Suffolk District, and ask him plainly whether he intends to practise homœopathy, and if he answers in the affirmative, reject him at once as one, in the words of the charter of that Society, "unfit to practise medicine." And this reminds us of another bearing of the question, upon which we will touch presently. But even short of this direct question, we see no difficulty in eliciting the truth by questions from the Professor of *Materia Medica* as to the proper doses of drugs, or from the Professor of the Practice of Medicine as to the proper treatment of any given disease. A direct answer to such questions would at once declare the views of the candidate, or involve his moral character for truth, honor and rectitude, which of course would be a sufficient ground for rejection. But then it would be a very hard case to reject a man who could give the origin and insertion of all the muscles of the spine, who could tell all the chemical symbols, and who could describe all the various ways of relieving a man of his limb, simply because he thought nine tenths of the diseases which infect us might be resolved into itch, and that the most powerful effects of a drug are best obtained by an infinite dilution of the agent. But the laws of the land and of common sense determine that a man who can read a newspaper once through and remember every word of it, and who is very amiable and highly pious, must be put under restraint if he thinks he has a right to appropriate the property of his neighbors at will, or to send his children to heaven by cutting their throats. The cases are perfectly parallel, and we see but very little difference between a set of professors who would, in their great charity for his slight and peculiar fancies, turn out a homœopath to practise medicine under their sign manual of approval, and a jury who turn a murderer loose simply because he has been insane enough to fancy that he ought to be autocrat of the world.

To recur now to a point we just touched upon. The Censors for the Suffolk District rejected an applicant for admission to the Mass. Medical Society, simply because he admitted he intended to practise homœopathy. They reported the matter to the Councillors, asking such action as might direct them in future. They received in return a vote of that body, declaring "they fully approved the action of the Censors." But what does this avail the Society? All that the rejected applicant has to do, is to take a set of tickets for the medical course at Harvard University or the Berkshire Med. Institute, and after graduating at either of those excellent and discriminating medical schools, he walks into the Society as a full Fellow by merely signing the By-laws. The absurdity, not to use the other terms of inconsistency, abnormality, injustice, outrage, of this, is too glaring to make it necessary for us to expatiate upon it. But we hold that we have the professors of these schools on one of two horns of a dilemma. If they cannot, in their sense of justice to the individual, refuse a diploma to one, knowing him to be a homœopathist, who properly answers such questions as they think fit to put to him—which diploma gives him admission to the Massachusetts Medical Society—why can they not, why do they not, as a matter of common generosity, honesty, honor to the Society, relinquish the right to force their graduates pell-mell into it. And yet, seeing this inconsistency and absurdity more plainly than any other men, instead of being the first and foremost to

have it done away with, they are, to say the least, the most luke-warm on the subject, if not, as we know in some cases, most violently opposed to any change.

Were the proper change made in this particular, we should no longer have the reputation, which we now so largely enjoy through the length and breadth of our land, of adopting among us, with pleasure, homœopathists and any other pathists that we meet with, and we should have a stop put to those unseemly wrangles, those insults thrown across the table, which disgrace almost every one of our annual dinners.

And a word to homœopathists themselves. It has always been a puzzle to us how a set of men, claiming to practise the highest and most honorable calling of medicine in the highest and most scientific way, could permit themselves for a single day, much less year after year, to be girded at, snubbed and insulted as they so often have been, with such miserable taste and manners, in the meetings of our State Medical Society. What profit or return of advantage they get for this violence done to all their feelings as gentlemen, we have never been able to discover. Our advice to them is, to stop paying their three dollars annually for nothing but abuse and cold salmon, and set up on their own hook. But we leave the equally inconsistent and inexplicable conduct of themselves and of the professors in our medical schools to be elucidated by some wiser head than ours.

#### EXPERIMENTS IN RE-VACCINATION.

We find in a late number of the *Zeitschrift der k. k. Gesellschaft der Aerzte zu Wien*, the following results of re-vaccination in the House of Correction, at Vienna, by Dr. F. SCHOLZ. The trials were made on 126 men and 37 women, and the re-vaccination succeeded in 36 men and 12 women. The following were the conclusions of the writer.

1. The average proportion of successful cases was one in three.
2. The sex of the patient exercised no influence on the result.
3. The susceptibility to re-vaccination was in the inverse proportion to the number and perfection of the cicatrices left by previous vaccination.
4. This susceptibility increased in proportion to the length of time between the vaccination and the re-vaccination.
5. The increased susceptibility to the vaccine disease manifested itself both in the greater number of cases, and the greater number of perfect vesicles in each case.
6. In a few cases, variolous disease occurred 11 years after previous vaccination, and in no case did re-vaccination succeed earlier than eight years after variolous disease.
7. In no case was the normal course of re-vaccination accompanied by febrile symptoms, and when these did occur, the patient was either suffering from other disease, or the course of the vaccine disease was abnormal.
8. The majority of chronic diseases were not modified by re-vaccination, nor did they exercise any particular influence on the course of the vaccine vesicle.
9. In two cases accompanied by chronic spasms were the convulsions suspended during the course of the vaccine disease.

## OPHTHALMOLOGICAL CONGRESS.

WE have received a circular inviting attention to a project of the editorial committee of the *Annales d'Oculistique*, for a Congress of Oculists, to be held at Brussels on the 13th, 14th, 15th and 16th of September next, immediately before the opening of the meeting of German Physicians and Naturalists, which is to take place at Bonn, from the 18th to the 25th of the same month. Among the subjects which will occupy the attention of the Congress, a prominent one will be that of *military ophthalmia*, whose ravages have depopulated so many armies of the continent of Europe. It is also hoped that the result of the investigations of the oculists by the aid of the ophthalmoscope will be given, in order that the value of the instrument, and the limits within which it may be employed, may be ascertained with precision. Other matters relating to ophthalmology will come before the Congress, and valuable results will doubtless be obtained from the discussions that will arise.

We trust that America will be represented on this occasion, notwithstanding the distance which separates us from the place of meeting. Diseases of the eye have occupied the attention of some of the ablest men in our chief cities, and we believe that our practitioners might bring to the Congress much that is both novel and valuable, both in reference to diseases which are modified by the climate of this country, and those which present the same symptoms here as in Europe. The committee of organization consists of M. FALLOT, President of the Belgian Royal Academy of Medicine, *President*; MM. BOSCH, HAIRION, VAN ROOSBROECK, *Members*; and M. Warlomont, Chief Editor of the *Annales d'Oculistique*, *General Secretary*.

## REPORT IN FAVOR OF ERECTING A FREE CITY HOSPITAL IN BOSTON.

A REPORT of an unusually important nature, says the *Daily Traveler* of the 18th inst., was made at a special meeting of the Board of Aldermen yesterday. It was a report on the part of the Special Committee upon so much of the Mayor's Address as relates to the erection of a hospital. The Committee, through Alderman Wightman, their Chairman, reported unanimously in favor of such a hospital. The report, which was prepared by the Chairman, is of an interesting character. It shows that in Paris the hospitals have thirteen thousand free beds. This is in part accounted for by the fact, that the Parisian has no home for sickness, but, when taken ill, in most cases goes to the hospital. In New York, there are several hospitals, one having six hundred beds, on which six thousand patients were accommodated in one year: while Boston has but a partial interest in the ninety beds of the Massachusetts General Hospital, which are for the use of the whole State of Massachusetts.

The Committee argue against the plan of an entirely free hospital, so called. There are, they say, many mechanics and others in poor circumstances, who revolt from the idea of being considered as paupers. From such of this class as desire the benefits of a hospital, a remuneration, however small, which they are able to pay, would be received. But to those who are unable to pay—to the laboring man and his family, temporarily prevented by sickness from obtaining a livelihood—to the domestic, and to the stranger, it would be strictly a free institution.



Appended to this report is a memorial in favor of the project, signed by all the physicians of the city, and another signed by the managers of the various charitable institutions.

The following resolve and order accompany the report :

*Resolved*, That in the opinion of the City Council, it is expedient and necessary that a City Hospital should be forthwith established, in conformity with the views expressed by His Honor the Mayor, in his Inaugural Address.

*Ordered*, That a committee be appointed to examine and report whether any building available to the city can be appropriated for a City Hospital ; and if not, to report what site within the limits of the city may be obtained which is eligible for the purpose of a hospital, and the probable cost of the same.

*Quarantine-Law Convention.*—This convention, to which we referred in our issue of April 9th, will assemble in Philadelphia on the 13th of May next. The subject of quarantine laws will occupy its attention. The Board of Trade of Philadelphia has already appointed five delegates, the Medical and Surgical Society three, the Pathological Society two, and the Board of Health three. The Boston Board of Aldermen has also voted to attend, in its capacity as the Board of Health. Why should not our medical societies send delegates ? The Suffolk District Society might very properly do so.

*Closing the Asylums in Indiana.*—Owing to the last Legislature of Indiana not making the necessary appropriations, the asylums for the deaf and dumb and the blind of Indianapolis have been closed, and the children returned to their respective counties.

*Health of the City.*—But 66 deaths were reported last week, and of these only 5 were caused by scarlatina—a very considerable falling off from the 13 of the preceding week. We noticed 4 fatal cases of pneumonia, and 5 of “teething.” The mortality during the corresponding week of 1856 was 79, 15 deaths being caused by consumption, 4 from scarlatina, 7 from pneumonia, and 5 from smallpox.

“*MEDICUS*” is informed that the medicine employed by Dr. Filwell in the treatment of asthma is the iodide of potassium, formerly called the hydriodate of potassa. There is no “hydrate of potassa” employed in medicine, to our knowledge.

*Communications Received.*—Plugging the Vagina.—Veratrum Viride.—Aneurism of the Aorta.—Cannabis Indica.

*Books and Pamphlets Received.*—Semi-Centennial Address delivered before the Medical Society of the State of New York. By Alden March, M.D., President of the Society.—An Introductory Lecture on Medical Education. Delivered at the Philadelphia College of Medicine, March 9th, 1857. By Henry Hartshorne, M.D., Professor of the Theory and Practice of Medicine.—Diseases of the Stomach and Duodenum. By Charles Evans Reeves, M.D. (From the author.)—Eulogy on Samuel McClelland, M.D. By Thos. W. Blatchford, M.D.—Todd and Bowman's Physiological Anatomy. (From the publishers.)—How to Talk ; a pocket Manual of Conversation and Debating. (From the publishers.)

DIED,—At China, Me., 6th inst., James H. Brainard, M.D., 66.

*Deaths in Boston* for the week ending Saturday noon, April 18th, 66. Males, 36—Females, 30.—Inflammation of the brain, 1—congestion of the brain, 2—cancer in uterus, 2—consumption, 14—convulsions, 1—croup, 1—dropsy, 3—dropsy in head, 4—infantile diseases, 2—erysipelas, 1—intermittent fever, 1—scarlet fever, 5—typhoid fever, 4—gravel, 1—disease of the heart, 4—inflammation of the lungs, 4—disease of the liver, 1—marasmus, 3—suicide, 1—teething, 5—unknown, 5—whooping cough, 1.

Under 5 years, 31—between 5 and 20 years, 6—between 20 and 40 years, 14—between 40 and 60 years, 9—above 60 years, 6. Born in the United States, 43—Ireland, 17—other places, 6.

*Suffolk District Medical Society.*—The following officers have been chosen for the present year:—*President*, W. Channing, M.D. *Vice President*, H. I. Bowditch, M.D.; *Secretary*, C. D. Homans, M.D. *Treasurer*, A. A. Watson, M.D. *Librarian*, W. E. Coale, M.D. *Committee on Trials*, E. Buck, M.D. *Supervisors*, Sam'l Cabot, Jr., M.D., William J. Dale, M.D.. *Censors*, Drs. P. M. Crane, C. G. Putnam, W. W. Morland, W. E. Coale and H. W. Williams. *Councillors*, Drs. Jacob Bigelow, George Hayward, Ephraim Buck, John Jeffries, John Ware, Marshall S. Perry, A. A. Gould, Charles H. Stedman, Winslow Lewis, Henry I. Bowditch, Charles Gordon, Charles Chase (Chelsea), Charles E. Ware, Phineas M. Crane, Horace Dupee, John Homans, J. B. S. Jackson, D. Humphreys Storer, A. A. Watson, Ezra Palmer, Jr., Henry Dyer, George Bartlett, N. B. Shurtleff, J. Mason Warren, Henry G. Clark, George A. Bethune, James Ayer, John Flint, Charles G. Putnam, John B. Alley and Silas Durkee.

*Middlesex South (Mass.) District Medical Society.*—At the annual meeting of the Middlesex South District Medical Society, held at Waltham, April 15th, the following persons were chosen officers for the ensuing year:—Dr. Horatio Adams, of Waltham, *President*. Dr. Morrill Wyman, of Cambridge, *Vice President*. Dr. Otis E. Hunt, of Weston, *Secretary*. Dr. R. S. Warren, of Waltham, *Treasurer*. Drs. H. Hosmer, T. Kittredge and S. Richardson, *Supervisors*. Drs. S. Whitney, Moses Clarke and Josiah Bartlett, *Censors*. Dr. Anson Hooker, *Commissioner on Trials*. Drs. E. E. Braun, Isaac G. Braman, J. H. Brown, L. V. Bell, Jefferson Pratt, Horatio Adams, H. A. Barrett, W. W. Wellington, Howland Holmes, R. S. Warren, A. H. Blanchard, Allston W. Whitney, *Councillors*. Dr. Jeffries Wyman, *Orator*; and Dr. J. M. Whittemore, his substitute. Drs. J. B. Taylor, L. V. Bell, J. W. Bemis, H. Adams, J. W. Osgood, J. Bartlett, L. Goodnough, H. Hosmer, H. Holmes, J. R. Morse, *Delegates to the National Medical Association to be held at Nashville, Tenn., in May next*.

The annual Address was pronounced by Dr. Adams, of Waltham, and was an elaborate discussion of vaccination, exhibiting much original investigation, and replete with practical observations.

OTIS E. HUNT, *Sec'y*.

*Orchitis.*—Out of fifty cases of this disease which were treated at La Charite by M. Velpeau in the course of one year, 24 occurred on the right side and 24 on the left, two cases being double. The number of acute cases was 48, of which 3 were parotidæ, 2 were due to masturbation, 6 occurred without any appreciable cause, and 37 arose from gonorrhœa. The variety due to mumps differs from the others; the epididymis is moderately swollen, the testis is increased in size, and the scrotum is slightly erysipelatous, while there is generally no fluid in the tunica vaginalis. This form is rapidly developed, reaches its height almost at once, and then decreases spontaneously, resolution being soon completed. It is evidently quite a special kind of inflammation. The mean duration of the cases was sixteen days. The treatment consisted in the employment of rest, cold, suspensories, mercurial inunction, and either single or multiple punctures with a lancet, abstaining from leeches. In appreciating various modes of treatment we must never lose sight of the varieties of the affection, for these will explain much of the success said to follow some of the modes proposed.—*American Journal, from B. & F. Med. Chir. Review.*

*Medical Department of the University of Michigan.*—The seventh annual commencement exercises of this school were held at Detroit on the 26th of March, the two preceding days having been devoted to the public reading and examination of theses. The State Medical Society held an annual session the day previous to the commencement, and a large number of the members remained to attend the exercises. The degrees were conferred, by the President of the University, on twenty-seven successful candidates—to whom the usual address was made by E. Andrews, M.D., of Chicago, which is spoken of in very commendatory terms by "The Peninsular Journal of Medicine." The number of students in attendance upon the late course of lectures was 168.

*Editorial Change.*—Dr. Goadby has retired from the post of senior editor of the *Medical Independent*, published at Detroit, Michigan. It is announced, however, that he will continue to be a contributor to its pages.

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LVI.

THURSDAY, APRIL 30, 1857.

No. 13.

OXIDE OF ZINC IN NIGHT SWEATS.

BY S. L. ABBOT, M.D., ADMITTING PHYSICIAN, AND PHYSICIAN TO OUT-PATIENTS OF THE MASS. GENERAL HOSPITAL, BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

In a recent article in the Medical and Surgical Journal, on the treatment of the Night Sweats of Phthisis, Dr. Coxe, of New Orleans, gave his experience of the efficacy of various remedies, particularly of the sulphate of zinc. He refers to the oxide of zinc, also, as recommended by Dr. Theophilus Thompson, as the best remedy for this annoying symptom. From personal experience he cannot speak of its merits, but proposes to try it on the first convenient opportunity; he, however, is inclined, on the evidence of Prof. Wood, of Philadelphia, to regard the sulphate as the preferable form in which to administer the mineral.

In the *London Lancet* of October, 1854, Dr. Thompson speaks of the oxide of zinc, in combination with the extract of conium or hyoscyamus, as the very best remedy for the night sweats or phthisis. He recommends it in the dose of four grains of the salt to three grains of the extract, to be given in two pills at bedtime. Since that time I have been in the constant use of this remedy as occasion required, and can say, from my own experience, that I have rarely found any medicine meet so decidedly the symptom for which it is given. I have so much confidence in it that I always prescribe it first, and rarely meet with disappointment. I have made a synopsis of the accompanying cases from my note-book, giving a condensed statement of the auscultatory signs in each, with the duration of the disease, &c., that the reader may have an idea of the stage of the disorder at which the remedy was administered. I have omitted, in most instances, any reference to the treatment of other symptoms than the night sweats. The patients were all of them under my care as out-patients of the Massachusetts General Hospital. I find in my note-books record of as many more to whom the remedy was given for the same



symptom, but the record is incomplete from the failure of the patients to report themselves subsequently. The oxide of zinc as a remedy for the night sweats of phthisis, has been most favorably spoken of several times, at the meetings of the Boston Society for Medical Improvement, within the last year or two, by Dr. J. B. S. Jackson, also by Dr. Wm. E. Coale, as well as myself. In no instance have I seen any ill effects from its use. In two or three instances patients have thought it regulated the bowels where constipation had previously existed. I have found the same relief to follow its use in private practice as in the case of hospital patients, but my notes of cases are not equally full. I give the cases in the order in which they stand on my books, with the statement of the amount of relief experienced as there recorded. They are all, with two or three exceptions, cases of unequivocal phthisis.

No. 1.—Mary S., aged 30; married. December 1st, 1854. Cough of seventeen months' standing. Occasional hæmoptysis; sometimes blood mixed with sputa. No appearance of catamenia since the birth of a child nineteen months since. Child was weaned at sixteen months. Profuse night sweats. Much annoyed by nausea; vomits several times daily. Kept awake at night by cough. A large cavity at the summit of the right lung. Patient has taken cod-liver oil, but the stomach cannot retain it. R. Acid gallici, gr. ij. before each meal. R. Zinci oxid., gr. iv.; ext. hyoscyami, gr. ij., in two pills at bed-time.

7th.—Nausea less. Night sweats less, but not entirely checked. Bowels moved two or three times daily since last visit. Sleep disturbed by cough. Double dose of gallic acid. Add to pills one grain of opium.

14th.—Night sweats as at last visit. Nausea for last three days as bad as ever. Bowels regular. Patient reports herself as having been very constipated before coming under my care. Appetite poor. Continue treatment. R. Inf. gentian c., fʒ i. bis die.

No. 2.—Martha Ann S., aged 23; single; seamstress. Feb. 12th, 1855. An invalid for five years. Gave up work ten weeks since. Cough, with free expectoration. Night sweats; hectic; emaciation. Softening of tubercles at both summits, with cavernous respiration and gurgling beneath right clavicle. R. Ol. morrhue, fʒij. ter. die. R. Zinci oxid., gr. iv.; ext. conii, gr. iij., in two pills at bed-time.

19th.—Night sweats much relieved. Nights easy. Continue. The use of the pills was continued until death, as occasion required, with complete relief to the symptom for which they were given.

No. 3.—John M., Jr., aged 22; currier. Feb. 13th, 1855. Ailing for five months. Cough, with some of the rational signs of phthisis. Frequent night sweats. Percussion less resonant in upper

third of left front chest than right, with prolonged expiration at summit and moderate crackle beneath clavicle after cough. Wavy inspiration decided throughout left back, slight in right back. Respiration somewhat rude throughout left lung. Cod-liver oil and morphine were given, and nitrate of silver, gr. xl., aq. f 3 i., was applied to the throat.

20th.—About the same. Continue. R. Zinci oxid., gr. iv.; ext. conii, gr. iij., in two pills at bed time.

28th.—Night sweats less.

The patient returned occasionally until April 27th. The night sweats were very much diminished under the use of the zinc. Other remedies were employed, such as are usually given in phthisis, to relieve temporary conditions. Cod-liver oil and stimulants were taken freely.

No. 4.—Richard W., aged 45; bootmaker. Feb. 23d, 1855. Cough of sixteen months' standing. Rational signs of consumption. Occasional night sweats. Extensive softening of tubercles throughout right lung, with evidence of tubercular deposit at left summit.

March 28th.—Last three nights has had night sweats. R. Zinci oxid, gr. iv.; ext. conii., gr. iij., in two pills at bed-time. Other remedies were ordered for other symptoms.

April 2d.—Night sweats but twice since 26th ult. The remedy was continued, *pro re natá*, until death.

No. 5.—Patrick H., aged 26; tailor. March 9th, 1855. Cough of six weeks standing, with rational signs of phthisis. Night sweats. No marked difference on percussion between right and left chests in front. Respiration rather feeble throughout front chest, with a slight click heard two or three times after cough and forced inspiration at left summit. Left back decidedly less resonant on percussion than right, at summit almost flat, with corresponding feebleness of respiration, but no rales. Cod-liver oil.

17th.—The same. Nights sweats very severe. Take two pills of zinc and conium at bed-time.

23d.—Night sweats as before. Substitute acid. sulph. aromat. gtt. xx. ter die for pills. The patient did not return.

No. 6.—Cecelia R., aged 24; married. March 21st, 1855. Cough of three months' standing, with rational signs of phthisis. Night sweats. Feeble respiration, with prolonged expiration at right summit on forced inspiration, without rales. Between right scapula and spine, a strong mucous rale heard several times after forced inspiration, with cough. For night sweats, two zinc and conium pills each night.

27th.—*No night sweats since*, until last night, when had a slight return of this symptom, which subsequently continued to be fully under control of the pills.

No. 7.—Bridget C., aged 14. March 23d, 1855. Cough of

four weeks' standing. Dyspnœa and night sweats. Percussion at left summit behind, quite dull. Very loud sonorous rales heard all over back, particularly marked towards summits, without moist rales. Respiration at left summit behind feeble.

In this case no relief was experienced from the use of the oxide of zinc; the dose, however, was not increased above four grains.

No. 8.—Catherine B., aged 21; tailoress. July 5th, 1855. An invalid during past five months, but cough dates back but three weeks. Percussion less resonant at right summit front than left, although not absolutely flat. Respiration at both summits front rude; at right apex feeble, with prolonged expiration and a decided crepitus with inspiration. Similar signs above spine of right scapula to summit, and between scapula and spine. Percussion of left back more resonant than over right, with respiration generally exalted, but not purely vesicular at apex.

August 12th.—Bad night sweats, &c. R. Zinci oxid., gr. iv., ext. hyoseyami, gr. iij., in two pills at bed-time.

16th.—No night sweats last two nights. Continue, *pro re natâ*.

Sept. 10th.—No night sweats since. Has taken no medicine since last report.

No. 9.—Thomas L., aged 23; blacksmith. Nov. 20th, 1855. Cough of two months' standing, without expectoration. Pain in left breast, &c. Dyspnœa. Respiration in lower half of left front chest feeble, but audible; in upper half inspiration loud, wavy. At right summit posteriorly expiration abnormally loud and long. No rales.

March 4th, 1856.—Has lost considerable flesh, but has kept at work. Frequent night sweats, with symptoms of advancing pulmonary disease. Percussion dull at right summit front, with crackling at end of inspiration, and long and loud expiration. More or less crepitus throughout right front. Respiration in left front exalted, wavy. Take pills of zinc and hyoseyamus at bed-time.

6th.—Night sweats much less.

No. 10.—Catharine W., aged 21; boot-fitter. Jan. 24th, 1856. Cough during past three months. Copious expectoration of thick, yellow matter; hectic; profuse night sweats. Percussion slightly less resonant at left summit than right, but not flat. Rude respiration, with prolonged expiration at summits front, most marked at left. Crepitus on full inspiration above spines of scapulæ. Cough mixture and pills of zinc and hyoseyamus, two each night.

31st.—*No night sweats since taking pills.*

No. 11.—Ann G., aged 35; married. Feb. 25th, 1856. Cough of six weeks' standing. Cough dry, harassing. No record of auscultation. Severe night sweats for a fortnight past. R. Zinci oxid., gr. iv., ext. conii, gr. iij., in two pills at bed time.



28th.—Night sweats diminished.

March 4th.—Night sweats diminished, but have not entirely ceased.

No. 12.—Thomas K., aged 50; gardener. March 21st, 1856. Cough of two years' standing. Rational signs of phthisis. Profuse night sweats. Cavernous respiration, with gurgling at right summit front; crackling at left summit. Pills of zinc and hyoseyamus.

April 1st.—Night sweats diminished gradually from the time when he began to take the pills, and ceased entirely three nights since.

The night sweats were controlled subsequently by the use of the pills, whenever they existed to an uncomfortable degree. The patient found, however, that his dyspnœa was increased whenever the night sweats were entirely checked.

No. 13.—Edward S., aged 7. April 25th, 1856. Cough for a year past. Free expectoration, particularly in the morning, of thick, yellow matter; emaciation; weakness; irregular appetite; copious night sweats. Slight difference of key on percussion in upper third front in favor of right, but still considerable resonance over left. Respiration feeble in upper part of left lung, except when forced. In right back, respiration somewhat rough, particularly towards base, with a somewhat sonorous character to the expiration. No moist rales heard. The patient was ordered to take cod-liver oil, but no remedy was specially directed for the night sweats.

29th.—Cough looser. Night sweats as before. Zinc and hyoseyamus pills, two at bed-time.

May 5th.—Sweats much less. Continue.

12th.—Night sweats have increased. Continue oil, and take *rin. ferri*, f ʒ i., *tr. ferri mur.*, gtt. viij. *ter die* after meals.

21st.—The same. Nothing farther known of the patient.

No. 14.—Margaret S., aged 32; wife. April 28th, 1856. Ailing for six months. Cough for the last three weeks, with some blood in the sputa each morning. Night sweats. No record of auscultation. Tonic infusion. *Tr. ferri mur.* gtt. xx. after each meal.

May 19th.—Cough as at first visit. Bloody expectoration twice since visit. Night sweats as before. Substitute for iron drops pills of oxide of zinc and hyoseyamus, two each night.

29th.—Night sweats have ceased. The subsequent record shows that the sweats were always controlled by the pills.

No. 15.—Catherine L., aged 28; married. June 4th, 1856. Cough, &c., during past five months. Night sweats. Dulness on percussion at right summit before and behind, with bronchial, almost tracheal respiration in front, with more or less crackling in upper two thirds of right front. Resonance of voice beneath right clavicle. Cod-liver oil and zinc and hyoseyamus pills.

11th.—*No night sweats since.*

No. 16.—Emma M., aged 27; married. June 18th, 1856. General debility, following a profuse catamenial flow, with coagula. a fortnight since. Has worked very hard. No cough. R. Ferri ammonio-citrat., gr. v. Syr. limonis et aquæ, aa f 3 ss. ter die. At bed-time two zinc and hyoseyamus pills. Drink ale.

21st.—Stronger. Night sweats less. Her subsequent recovery was speedy.

No. 17.—Catherine H., aged 20; married. Sept. 12th, 1856. Cough, with slight expectoration during past three weeks. Has raised occasionally a little blood. Night sweats. Rather rude respiration beneath inner half of right clavicle, and also of the left, but not so marked. Fauces rather red, and uvula long. Resonance of voice beneath clavicles. Palliative for cough, and zinc pills, two each night.

26th.—No relief from night sweats.

No. 18.—Michael K., aged 22; plumber. Sept. 11th, 1856. Cough for three months past. Rational signs of phthisis. Night sweats. Family predisposition to phthisis. Flatness at right summit front and down to third rib, with cavernous respiration and large bubbling after cough. Respiration at left summit characterized by a *tardy expiration*, as if from a want of elasticity in the pulmonary vesicles, or an obstruction to the free exit of the air—a sign which I have noticed not infrequently. Percussion beneath left clavicle not fully resonant. Zinc and conium pills, two each night. Cod-liver oil and Bourbon whiskey.

18th.—Stronger. Night sweats less. Continue, and take three pills each night.

No. 19.—John B., aged 21; painter. Aug. 4th, 1856. Cough of seven months' standing. Emaciation; occasional night sweats. Pulse 99 after examination. Dull percussion above and on right clavicle, with deficient resonance below; throughout rest of right front, fair. Corresponding dulness of right back diminishing toward base. Crepitus after cough beneath right clavicle. Feeble respiration throughout right front, with considerable fine crepitus. Crepitus obscurely heard throughout right back, but respiration in right back generally pretty clear. Vocal resonance strong at right summit front. Cod-liver oil and palliatives for cough.

27th.—Expectoration much less, also night sweats. No chills as formerly.

Sept. 24th.—Symptoms much relieved until a week ago. Since that time more profuse expectoration and night sweats. Continue. Alcohol amylici, gtt. vi. ter die. Zinc pills, two at bed time.

29th.—Cough and night sweats less.

No. 20.—Michael D., aged 36; tailor. Jan. 27th, 1857. Slight cough more or less for three years. Expectoration slight, with occasional traces of blood. Anorexia. Bad taste and coated

tongue. Bowels not moved for six days. Chills and night sweats. No marked physical signs of pulmonary disease. Cathartics, to be followed by tonics.

31st.—Night sweats less. Take two zinc pills at bed-time each night.

Feb. 3d.—As before. Increase zinci oxid. to gr. vi. each night.

4th.—No perspiration last night. Continue. Subsequent records confirmed the good effect of the zinc.

No. 21.—John McH., aged 25; laborer. Jan. 28th, 1857. Cough of two months' standing, and rather dry. Expectoration scanty, of thick, yellow matter. Emaciation; anorexia; general weakness, &c.; copious night sweats. Percussion, on, above and beneath right clavicle, less resonant than over corresponding part of left chest, but not absolutely flat. Respiration correspondingly feeble, also, at right summit behind. No rales. Take three zinc pills each night.

30th.—Sweats much less.

Feb. 2d.—As before. Increase dose of zinci oxid., and substitute ext. gentian for hyoseyamus in pills.

No. 22.—Mary L., aged 32; widow. Jan. 29th, 1857. Night sweats for seven months past. Slight cough, without expectoration. No dyspnœa. No record of auscultation. Take zinci oxid., gr. iv., each night, in two pills.

31st.—No relief. Take three pills each night.

Feb. 3d.—Night sweats much diminished. Continue.

10th.—Out of pills for some days; since when, night sweats have returned. Continue.

18th.—Sweats checked by pills.

No. 23.—Mary M., aged 22; domestic. Feb. 10th, 1857. Cough of a year's standing. Profuse expectoration, &c. Daily chills and night sweats. Percussion flat at right summit, with bronchial respiration and large mucous bubbles beneath right clavicle on forced inspiration after cough. Take two zinc pills each night, &c.

14th.—*No night sweats since.* Chills less. Continue.

No one can doubt, I think, on running his eye over the above cases, that the night sweats were checked by the oxide of zinc. In some instances they were immediately suspended after the first dose; in most, they were sensibly lessened, and there is hardly one in which two or three doses did not have the desired effect. It is probable that a larger dose would have acted earlier in the more tardy cases, if I had had much experience with the remedy, or the patients had given me the opportunity of prescribing a larger dose, by presenting themselves more frequently at the Hospital.



VERATRUM VIRIDE—CONFIRMATORY EVIDENCE OF ITS VALUE  
IN A CASE OF PNEUMONIA.

[Communicated for the Boston Medical and Surgical Journal.]

THE attention of the profession being directed to the above article, I send you the following case, illustrating its activity, which, should you deem it worthy of record, is at your disposal. It is proper to state that the case terminated fatally.

The patient was a colored woman, about thirty years of age. The symptoms of pneumonia were all well-marked, except the *sputa*, which were only tinged two or three times and that but slightly. As the case was one of an extremely acute character, it was decided, Dr. Whitridge being also in attendance, to adopt the most active antiphlogistic means. She was bled twice from the arm, leeches twice on the left side, where there seemed to be the greatest difficulty; and twice blistered on this same side. The bleeding was borne remarkably well, and seemed to be beneficial. At the same time, calomel, antimony and nitrate of potash, in the proportion of two grains, one sixth, and ten grains, were administered every two or three hours, with but slight intermission for about two weeks, with an occasional Dover's powder at night. And yet, with the whole we failed to act upon the skin, either in diminishing its heat and dryness, or producing the least noticeable degree of moisture. We failed to reduce the frequency of the pulse, though its hardness succumbed. We failed to destroy or even alter the viscosity and tenacity of the expectoration.

Thus failing in all the most reliable means, we concluded to try the veratrum viride as a last resort. The tincture was used, not being able at the time to procure Tilden & Co.'s preparation. Five drops were given at first, and in five minutes the patient stated she was in a profuse perspiration. When I saw her, which was about three hours afterwards and before the dose had been repeated, I found her literally in a harvest sweat, and the *sputa* were more free and less viscid. This first dose did not reduce the frequency of the pulse. Under the second dose the pulse was reduced some five or six strokes—the perspiration still profuse. After the fourth dose, the pulse had fallen twenty-four strokes—the expectoration still continuing, and more free, loose, and abundant. There was considerable nausea, though no emesis was produced. This sickness was accounted for by the patient, from having eaten some mashed potatoes. The fifth dose was not given for nine hours after the fourth, and then only three drops administered, which, in three hours, reduced the pulse two strokes and kept the skin in a soft and pleasant state; so that from 2 o'clock of the one day, March 24th, to 11 o'clock the next day (21 hours), five doses of the veratrum had been given, and the pulse fell from 120 to 94 (reduction 26 strokes), and the respiration was entirely free.

In the next 21 hours (March 25th), the veratrum was given in

three-drop doses, and but five were taken. The perspiration was kept up, the pulse had fallen to 80 strokes—the expectoration all the time free and abundant, and the respiration also still free.

In the next 21 hours (March 26th), the veratrum was given only in two-drop doses, and the pulse rose to 112; 32 strokes higher than the day previous. Two drops, then, it would seem, were not sufficient to keep the pulse under. But it is proper to state that during this time the medicine was not given regularly, and the patient got no sleep from being constantly annoyed by company. In the next 21 hours (March 27th), the veratrum was increased to three drops. On the evening of said day the pulse was down to 88, but there was no perspiration, and the skin was hot and dry. Five drops were now given, with instructions to repeat the same dose in three hours if there was no perspiration. The second dose was given at 9 o'clock at night, after which, it is stated, the patient had a most distressing time the whole night, from a constant retching, which produced a sinking sensation as if she must die. There was, however, free perspiration, and a most abundant and constant expectoration. The drops were not again repeated till 5 o'clock in the morning, when only three were given. I saw her about 8 o'clock, A.M., March 28th, when she was still retching and expectorating most profusely, constantly, and painfully. The vessel contained about from one and a half to two pints of sputa for the last 14 hours. She was inclined to throw off the clothes, complained of being cold, and presented an extremely prostrated and sunken condition. On examining the pulse, I was alarmed to find it had sunk to 64, and that since the evening previous, a period of fourteen hours, it had fallen 48 strokes. Laudanum and compound spirits of lavender, lime water and milk, and ice, were given to restrain the retching; also a hot poultice was applied to the stomach, and warm applications to the feet. Here it would seem that two doses of five drops each, following each other, were too much, and that probably the veratrum, like digitalis, is accumulative.

11 o'clock, A.M. (3 hours).—The pulse still 64; though the patient was more quiet, the retching had ceased, and the coldness had passed away. Animal broths were directed.

4 o'clock, P.M. (5 hours).—Found patient better. The pulse had rallied, and was up to 80. No veratrum had been given since 5 in the morning, and there had been little or no expectoration since the medicine was stopped.

8 o'clock, P.M.—The pulse was up to 82, face flushed, and skin hot and dry, though she expressed herself as being quite easy and comfortable. The veratrum was again commenced in three-drop doses, to be given every three hours.

March 29th, 8 o'clock, A.M.—The patient had a pleasant night, slept for two or three hours, and took four doses of the veratrum

during the night. Pulse at 80, skin moist, and some expectoration. Drops continued.

4 o'clock, P.M.—Pulse 88; patient had slept, and felt better. The three-drop doses to be continued.

30th, 8 o'clock, A.M.—Patient had slept well, and said she felt much better. Pulse 76. Expectoration profuse, about one pint in the last twenty-four hours; skin soft and pleasant. 11 o'clock, A.M.—Pulse up to 90, increase of 14 strokes in three hours. This was attributed by patient to eating some preserves, which made her very sick and vomited her. 6 o'clock, P.M.—Pulse fallen to 80; expectoration continues; skin moist, and patient comfortable. Medicine continued in three-drop doses.

31st, 8 o'clock, A.M.—Pulse 100; expectoration profuse; appetite great, and ate too much in the night. Cough troublesome, for the first time. 6 o'clock, P.M.—Pulse 90; expectoration not so great; skin cool and pleasant, but no free perspiration.

April 1st, 8 o'clock, A.M.—Pulse 88; expectoration viscid, ropy and considerable in quantity; skin cool and pleasant, and the patient had a good night. 6 o'clock, P.M.—Pulse 112; increase of 24 since morning. Expectoration profuse; skin hot and moist. The three-drop doses seem to have lost their effect, and four drops were ordered.

2d, 8 o'clock, A.M.—Pulse 100; but one dose of four drops was taken, when the patient became sick, and the skin broke out into free perspiration, when the three-drop doses were again returned to. Expectoration continues ropy, viscid, and abundant, about three-fourths of a pint in the last twenty-four hours. 11 o'clock, A.M.—Pulse 108. It was now concluded, Dr. W. still in attendance, to stop the veratrum, as it produced such copious and constant expectoration and perspiration as to be an unceasing drain, thus weakening the patient, and by adding to the debility, thereby increasing the already strong tendency to great frequency of the pulse.

Tincture of digitalis in ten-drop doses was substituted to reduce the pulse, and hydrocyanic acid in one-drop doses was given for the cough. 8 o'clock, P.M.—Pulse 112; had taken but one dose of digitalis.

3d, 9 o'clock, A.M.—Pulse still 112; one dose of digitalis given in the night; two doses taken without reducing the pulse. Expectoration still profuse, ropy and viscid; cough better; appetite not good. 6 o'clock, P.M.—Pulse 116; skin hot and dry; face burning; expectoration the same, and cough troublesome. Three doses of digitalis given through the day, and yet the pulse, instead of being reduced, was increased four strokes since morning.

4th, 8 o'clock, A.M.—Pulse 112; expectoration yellow, very ropy and abundant, about one pint in the last twenty-four hours. Skin pleasantly soft; did not sleep much in the night. 6 o'clock,



P.M.—Pulse 112; perspiration through the day, and patient evidently failing.

5th.—Pulse 112 through the day; expectoration the same; skin hot and dry; cough troublesome, and patient worse. Digitalis suspended, as it had no effect on the pulse, and cough mixture continued. Spirits of nitrous ether given.

6th.—Pulse the same; expectoration not so ropy and viscid, but as abundant. There was some perspiration and a little sleep.

7th, 8 o'clock, A.M.—Pulse 116; expectoration profuse; cough not so troublesome. Slept well in the night, and says she feels better. Nitre and cough mixture continued.

8th, 8 o'clock, A.M.—Pulse not satisfactorily counted. Had a bad night, and evidently failing. 5 o'clock, P.M.—No better; a good deal of tremulousness. Ordered wine and wine whey. 8 o'clock, P.M.—Worse.

The patient continued under the use of stimulants, with a slight but only occasional improvement, till the following Tuesday, when she died.

REMARKS.—This case is a very interesting one as to the action of the *veratrum viride*, and has been given in detail, that the effect of this article may be seen from day to day. It seems clearly to follow, in this case at least, that the *veratrum* is a prompt and most powerful diaphoretic; that it is equally, or nearly, as prompt and efficient an expectorant; and that it is a decided and reliable arterial sedative. This case enables us also to fix the doses (so far as evidence in a single case can be considered trustworthy) which may be administered with safety. And, finally, it gives us an opportunity of contrasting this agent with digitalis, where its power of reducing the pulse seems to be much greater—in fact, acting decisively when the digitalis almost entirely failed. But here it may be objected, and with a good degree of propriety, that the digitalis could not have been good. Possibly such was the case. It is unquestionably an agent of much power, and merits, we think, a fair trial from the profession as to its real value.

Baltimore, Md., April, 1857.

W. R. HANDY.

### Bibliographical Notices.

*Statistical Report of the Sickness and Mortality of the Army of the United States, Compiled from the Records of the Surgeon General's Office, embracing a Period of Sixteen Years, from Jan. 1839, to Jan. 1855.*

Prepared under the direction of Brevet Brigadier General THOMAS LAWSON, Surgeon General United States Army, by RICHARD H. COOLIDGE, Assist. Surg. U. S. Army. Washington: 1856. 4to. pp. 703.

IN the year 1840, Dr. Lawson, Surgeon General of the United States Army, caused to be prepared and published, a Statistical Report on the Sickness and Mortality in the Army, for a period of twenty years,

ending January, 1839. In 1852, he addressed a circular letter to the medical officers, requiring them to forward descriptions of the geographical positions of their posts, and of the surrounding country, with the geological formation, fauna, flora, characteristics of climate, the prevalent diseases, and also as many facts as possible concerning the vital statistics of the inhabitants in the vicinity, particularly the Indian tribes. The replies to this circular form the basis of the volume before us, which for value of statistical information concerning the diseases of the different parts of our country, and the health of our troops, is one of the most important scientific works ever issued from the American press.

For the purposes of this Report, the military posts of the United States have been divided into the Northern, including that portion of the country lying north of the fortieth degree of latitude, and east of the Rocky Mountains; the Middle, lying between the thirty-fifth and fortieth parallels; and the Southern, between the thirtieth and thirty-fifth degrees of latitude. In addition to these, are the Divisions of Florida, Texas, New Mexico, California, and of Oregon and Washington Territories. The medical topography, prevailing diseases, physical condition of the inhabitants and the medical statistics of the troops peculiar to each of these divisions, are described with a fidelity and apparent accuracy which does honor to the medical officers of the various posts. The letters received in reply to the Surgeon General's circular are generally printed entire, while the statistical results concerning the health of the soldiers in each division are arranged in the form of an abstract, showing the number of cases of the various diseases in each quarter of every year, from 1839 to 1854, inclusive. An extensive series of meteorological tables follows, giving the average temperature, and measurements of rain, for every month and year, and observations on winds and weather. Next come the statistics of the war with Mexico, and of the recruiting service. An Appendix of 53 pages contains elaborate reports on the effect of the employment of quinine in large doses, received from fifty-seven medical officers, in reply to a circular addressed to them by the Surgeon General. A good outline map of the United States, exhibiting the position of the military posts, accompanies the work.

Among the great variety of subjects which the perusal of this work offers to the reader, and the important results it contains, we must restrict ourselves to the notice of one which has been hitherto but little investigated, but which deserves an attentive study from its bearing on a class of diseases which all practitioners are called on to treat. It is a common belief that the women of native tribes, free from the enervating influences of luxury, and (as supposed) from interference by art, are unusually exempt from the sufferings and perils of child-birth, and from those diseases which so frequently follow it in civilized life. This idea has already been shown by Robertson (*Notes on the Diseases of Women, and Midwifery*) to be erroneous, and his views are confirmed by the observations of several of our army surgeons, recorded in this work.

Assistant Surgeon Alex. S. Witherspoon, who was stationed at Fort Kent, in the most northern part of the State of Maine, at the junction of the Fish river with the St. John's, describes the manners and condition of the population in that vicinity. The inhabi-

tants, it is true, are not Indians, being chiefly of French descent, but all of them are poor, and their mode of living is hardly above that of our native tribes, at least as regards their hygienic condition. These people marry at an early age, contrary to the usual belief that early marriages are only met with in warm climates. In one instance, a boy of 13 was married to a girl of 14; and during Dr. W.'s residence in the country, a girl of 13 years was married, who had never menstruated; "and this," he adds, "I am told, is by no means uncommon." The fertility of these women is extraordinary. An instance is given of a man who has had 20 children, "18 by his first wife, and 2 by his second. She is *enceinte*. His oldest daughter has been married ten years, and has had eight children. His mother had three pairs of twins." Another man had 26 children by one wife, who had her last infant at the age of 53. "Buonaventure Le Crog, in eighteen years, had 19 children; of these, five pairs were twins." Numerous other instances are recorded. Midwifery practice does not appear to have attained a high standard among this people. The women "are attended during their confinement by the older women, some of whom have acquired considerable reputation in the management of obstetrical cases. They do not hesitate, when the labor does not progress with sufficient rapidity, to seize upon the presenting part, and effect delivery by main force. In an arm presentation, the midwife fairly tore the child to pieces, effecting a delivery by means of a common kitchen pot-hook; and what is rather singular, the mother recovered without any serious trouble resulting. They leave their beds often within twenty-four hours after the birth of the child, to attend to their customary household employments. In consequence of this, their rapid child-bearing, and the hard labor to which they are occasionally subjected, the great majority of the females, particularly when advanced in life, suffer from prolapsus uteri and leucorrhœa. Uterine hæmorrhages are also of very frequent occurrence."

Appended to the report of Assistant Surgeon J. Frazier Head, from Fort Ripley, is an interesting letter from Dr. David Day, on the vital statistics of the Winnebago Indians. He says, among other remarks of great interest, that "the diseases incident to the female organs of generation are extremely common, especially prolapsus uteri and leucorrhœa. The former of these complaints, amounting in many instances to complete procidentia, is so frequent, that a majority of all the women who have borne children are affected with it. Nor is this surprising, when the ill after-treatment to which their parturient females are subjected is taken into consideration. They never maintain the recumbent position an hour after delivery, and generally return within a day or two to the labors of the cornfield, or to the carrying of heavy burdens, and performing all the laborious duties usually assigned to the squaw. An Indian woman can no more violate with impunity the obvious hygienic treatment necessary in the parturient state, than can a white woman. The process of parturition among Indian women does not differ in any material respect from the same process in others; except, perhaps, in being somewhat shorter, and attended with less suffering, which I believe to be owing rather to a low degree of nervous sensibility than to any material physical difference."

Assistant Surgeon Hasson, writing from Phantom Hill, Texas, says of the Camanches, "In spite of all that is sometimes said about the



effects of exposure in hardening the Indian's corporeal frame, it is probably true, as a general rule, that only the hardier constitutions survive the process, and many lives are lost during infancy, which, in a civilized community, would have been reared to useful manhood. Our interpreter tells me that among the Camanche women he has frequently known and heard of cases of death in childbirth, and that he has seen in the tribe many cases which he called rheumatism and consumption." These Camanches, according to Assistant Surgeon Swift, "mostly die in infancy, though many live to great age." Assistant Surgeon Crawford, writing from Fort M'Kanett, Texas, says, "I would draw attention to the fact that in every case of labor here the placenta has been retained eight, and sometimes twenty-four hours; and I find upon inquiry that this is frequently the case in this country. The uterus relaxes after labor, and, unless carefully watched, dangerous hæmorrhage may occur. By careful bandaging, and exciting the uterus by frictions, cold water, and the internal use of ergot in small doses, frequently repeated, I have generally succeeded in preventing inordinate hæmorrhage, and in delivering the placenta in the course of eight or fourteen hours."

Assistant Surgeon William S. King thus writes concerning the health of the natives of Monterey, in California: "The diseases peculiar to women are far more common in Monterey than any other class of disorders. Of these, the most common are leucorrhœa, prolapsus uteri and deranged menstruation. These affections are more numerous in proportion to the population than in any community I have ever known. The two first-named are, I believe, owing to the mode of treating parturient women, practised by the natives of the place. It is the custom in Monterey, when labor begins, to place the woman on a chair in the middle of the room, and a rope is fastened to the rafters above her head, which she is directed to pull. Round her abdomen, a broad towel or rebosa is passed, the ends crossed behind, and entrusted to assistants, who are instructed to tighten it when the abdominal tumor descends, during the pain, and *belay there* (as it were), until the arrival of the next pain, when it is hauled *taut* again, so as to hold on each time to the progress made, and not permit the usual ascent of the tumor, after the subsidence of the pain. With the same view, a strong man is frequently seated behind the woman, who, with his hands placed on her abdomen, makes strong pressure downward, at each pain, with the idea of assisting, by mechanical force, the contractions of the uterus. All this time, the midwife (generally some old woman) is seated in front with one, and, if possible, both hands in the vagina, making all the traction in her power. When the woman and her assistants are fatigued, she is placed upon her knees, on the floor, but without relaxing any of the means and appliances which would cause them to lose the advantage already gained. These violent measures often prove fatal to both mother and child. Usually, on the termination of labor, the woman is completely exhausted. From the injury done to the soft parts by the long and rough handling, inflammation and ulceration often ensue, thus laying the foundation of uterine and vaginal disease, and displacement of the uterus."

Taking a long step to Astoria, we get a report from Assist. Surgeon Moses, whose observations were made from latitude 43° to latitude 54° north. Among the Cathalamets, he says, "Child-bearing is no

more easy nor less dangerous a process than among other females in the same circumstances of life. The older females of the neighborhood are the midwives, and are quite as good and useful as our more fashionable monthly nurses. Where nature is not interfered with, and no unusual malposition or malformation presents, the infant safely enters the world. Should any abnormal circumstance arise, the child or mother, or most frequently both, are sacrificed. The attending midwife calls in consultation other *sage-femmes*, and these failing to afford relief, the woman is left to die."

---

*The Dissector's Manual of Practical and Surgical Anatomy.* By ERASMUS WILSON, F. R. S. Third American, from the last revised London Edition. Edited by WILLIAM HUNT, M.D., Demonstrator of Anatomy in the University of Pennsylvania. Philadelphia: Blanchard & Lea. 1856. 12mo. pp. 583.

A MOST valuable guide to the student of practical anatomy, by the well-known author of the "Anatomist's Vade Mecum," whose name is a sufficient guaranty for its accuracy and completeness. It is of convenient size for the dissecting-room, and is well printed as far as the text goes. We cannot, however, speak well of the illustrations, which, though numerous, and in most instances well engraved, are generally so badly printed as to be of little service. Notwithstanding this defect, we can recommend the book to all engaged in dissecting.

---

*The Physician's Pocket, Dose and Symptom Book.* By JOSEPH H. WYTHES, A.M., M.D., &c. Second Edition. Philadelphia: Lindsay & Blakiston. 1857. 32mo. pp. 230.

THIS work may occasionally be of service to the young practitioner as a book of reference, to enable him to find the dose of some medicine or the value of some symptom, and save the trouble of searching in larger works, but like all helps of the kind, it is necessarily imperfect. To the student of medicine it may prove a convenient companion during the hospital visit, as its size allows it to be easily carried in the pocket. The chapter on dietetic preparations will be found useful to all practising physicians, most of whom have but little acquaintance with the mode of preparing the various articles of the diet of the sick. The work may be had of Ticknor & Fields.

---

*Fourth Annual Report of the Board of Directors of the Pennsylvania Training School for Idiotic and Feeble-minded Children, to the Corporators.* Philadelphia: 1857. 8vo. pp. 24.

THIS institution has now reached its fourth year, and, to judge from the report, the most encouraging success has hitherto attended it. It now contains 33 inmates, of whom 11 are epileptics, 12 scrofulous, 13 mutes, 6 semi-mutes, 10 with defective articulation and 4 with correct articulation. All the mutes have the sense of hearing perfect. The Principal, Dr. Joseph Parrish, notices the important fact that idiocy and epilepsy are frequently concurrent in the same individual, and that epilepsy almost always results in mental imbecility. Three striking cases are detailed of improvement of pupils of a low grade. In others the advancement is still more rapid. One of the pupils will be qualified for the primary department of the public schools.

---

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

---

 BOSTON, APRIL 30, 1857.
 

---

## THE CITY HOSPITAL.

WE published in our last number a few extracts from the report lately presented to the Board of Aldermen by the Joint Special Committee on the subject of a Free City Hospital, with the resolve and order which were adopted by the board. In reading the report, one cannot but be struck with the amount of evidence in relation to the necessity for such an institution. This evidence was sufficient in 1849, when the subject was also agitated, to induce the Joint Committee of the City Council to report unanimously in its favor. Since that time the want of more hospital accommodation has in no wise diminished with the growth of the city, and the increase of building, and of manufacturing establishments, so productive of accidents among the poorer classes.

It appears from the records of Dr. Abbot, the admitting physician to the Massachusetts General Hospital, that during the two and a half years commencing January 1, 1847, the number of applicants refused at the Hospital was 731; 561 of whom were refused on account of there being no vacancies, or free beds. During the seven years commencing January 1, 1849, an average of 107 applicants have been annually rejected for the same reason. "The number of unsuccessful applicants is no just index of the wants of those seeking admission, as the difficulties encountered in one attempt to obtain a free bed, often prevent a second application." From the statements of the Dispensary physicians, we learn that there are annually about *two hundred patients*, who, in their judgment, ought to be admitted into a City Hospital.

It has been urged as an objection to the establishment of a new hospital, that the Deer Island establishment is not only large enough to contain all the sick poor of our city, but that it is a proper refuge for all such subjects. We attempted to show, on a former occasion, that this opinion was erroneous, and we are glad to find that Dr. Moriarty, whose experience and judgment will, we think, be questioned by no one, agrees with us. In a letter of Dec. 23, 1856, he furnishes the following information. "The average number of inmates in the Hospital at Deer Island is about one hundred per annum. About one half of those sick were above the common class of paupers, and were suitable subjects for a Free City Hospital. Nine years' experience, here, has satisfied me that a free hospital is much needed within the precincts of the city; and I trust that the effort to establish one will not be in vain."

We append the closing paragraph of the Report. "In closing this Report, the Committee cannot refrain from alluding to the unanimity with which this measure is regarded by our citizens generally. Few subjects, probably, have ever been presented to the consideration and action of the City Government, on which the expressions of public sentiment have been so universally favorable. No opposition has been manifested, none apparently exists. No argument has been attempt-



ed, none seemed to be required. And the Committee have presented a simple statement of facts, which, they are confident, will appeal to the heart of each and every member of the City Council, whose own experience and conviction will furnish them with good and sufficient reasons for sustaining this measure, so necessary for the comfort of the suffering, for the reputation of the city, and for the honor of its government. With these views, the Committee earnestly and unanimously recommend the passage of the accompanying resolution and order."

---

#### AMERICAN MEDICAL ASSOCIATION.

THE tenth annual meeting of this body will take place in a few days (next Tuesday), and we regret not to know of a large delegation from this vicinity. To most practitioners it is not easy to go so far, occupy so much time and spend so many dollars. There has, however, in former years been much zeal manifested in attending these conventions, even when holden at a distance, and we sincerely hope that New England will send many representatives at this time. To those who can spare the time and the money, no more excellent opportunity could offer, to combine pleasure with profit. Many portions of the Western country easily accessible from Nashville could be visited, and those going in parties might do this at less expense, perhaps, than if alone.

It is, in our view, highly important to keep up that interest in the Association which has been hitherto manifested, and even to increase it. Its published volumes bear testimony to the efficiency of its management, and the value of its publications has steadily increased.

We append a portion of an editorial notice and welcome from the *Nashville Journal of Medicine and Surgery* for April, 1857.

"The next meeting takes place in Nashville, in the Hall of Representatives in the Capitol, on Tuesday, the 5th day of May next. We hope all of the Medical Societies, Hospitals and Medical Schools of the State will send a full representation. The Southern Atlantic States, Delaware, Maryland, Virginia, the Carolinas and Georgia will find Nashville easy of access by railroad, and should send rousing delegations. The Gulf States, Florida, Alabama, Mississippi, Louisiana and Texas will have little difficulty in reaching here; while to the North, North East and North West, Nashville is as accessible as any point in the interior valley, and we hope to greet crowds of brethren from those regions. A band of brothers devoted to science and humanity, united by bonds that no earthly power can sever, looms up in times of trouble, a mighty type of the great political confederacy instituted by the fathers of the Republic, to insure prosperous peace and tranquillity to their latest posterity."

---

#### REPORT OF THE PHYSICIAN OF THE TEWKSBURY ALMSHOUSE.

WE are glad to read favorable evidence from Dr. Jonathan Brown, the physician of one of our State Almshouses, as to the hygienic improvement therein, and the consequent elevation of the standard of health among its inmates. We have occasionally met with children from this Almshouse, ill, seemingly, from lack of care, and especially of *woman's* care, and in whom regular habits, well-ventilated rooms, nourishing food and simple tonics at once restored the health, so that

in a short time they became, from being very puny, quite robust. All that the most excellent physician can do, in such an institution, without the aid of *Hygeia*, must be completely or nearly unavailing. The following extract promises much for the inmates.

"Aside from the 'healthy season,' there are other causes which I think have had influence in preventing sickness in the house; ventilation has been greatly improved, particular care has been used to prevent crowding any of the rooms, and, since spring opened, the house has not had more inmates than could be accommodated with perfect ease."

Dr. Brown thinks that much benefit has been experienced from banishing vinous and alcoholic liquors, in medicinal use there previously. We doubt not this is true, but certainly there must be instances when such liquors would be nearly indispensable; and if (as should be the case in all such public charities) their administration be under the physician's supervision, we cannot imagine them aggravatory of the general health of the establishment. Dr. Brown, however, thinks that "our public almshouse patients, as a whole, are far better off *without* than *with* these remedies." The experiment needs a longer trial to test it fairly.

---

*Medical Improvement and Mass. Medical Benevolent Societies—Social Entertainment.*—The invitation extended to members of these Societies by Dr. George H. Lyman, was fully responded to on Tuesday evening last; and the occasion was one which will be most agreeably remembered by all present. We have heard but one opinion upon this social *réunion*, and that is that it was successful in the highest degree. Notwithstanding the very unfavorable weather during the day, and the late hour at which the sky became clear, this *improving* meeting was full of *benevolent* and gratified guests—old and young, and from far and near; nor were they by any means eager to *adjourn*, finding doubtless the "specimens," though by no means "morbid," yet deeply interesting—and considering the project one worthy the attention of all who value the *well-being* of our profession.

We congratulate the courteous host upon the very agreeable fulfillment of his intentions, and trust that the members of our Societies will often have similar opportunities for the interchange of kindly greetings and for social enjoyment.

---

*Carbonized Biscuit.*—We have seen a sample of biscuit prepared with charcoal, by Dr. Charles Warren, which would seem to be a convenient form of administering that substance in various diseases of the digestive organs. We are convinced that charcoal has been much neglected in the treatment of dyspepsia, and would recommend those who are desirous of employing it, to make trial of Dr. Warren's biscuit. They are free from all disagreeable taste, although each biscuit contains fifteen grains of charcoal. They will also be found useful as a means of making quickly a charcoal poultice.

---

*Treatment of the Poison of Strychnine.*—Dr. Marshall Hall's method of resuscitating persons after long submersion in water has been inserted in the Journal. It has acquired the name of the "Ready Method," on account of being capable of adoption by almost any per-

son at hand, and wherever the inanimate body may be. It will be seen by the following note from Dr. Hall to the editor of the *London Lancet*, that he is in the habit of adopting the same treatment in some cases of poisoning. He says:—

“Judging from many experiments, I believe that strychnine destroys life in *three* ways :

“1. By inducing *laryngismus* and apnœa (or asphyxia) ;

“2. By inducing exhaustion of the nervous power, the effect of spasm and pain : and

“3. By a secondary asphyxia.

“The *first* object in the treatment is, of course, to get rid of the poison. Emetics must be given. But if these fail, the hopeful remedy is, to place the patient *prone*, and in the interval between the spasms, to tickle the fauces with a feather or other object.

“The *second*—the important remedy, is—*tracheotomy*. In my experiments, I gave the same poisonous dose of the acetate of strychnine, to *each of two* dogs, and performed tracheotomy in *one* ; and left them undisturbed for the night. The one in which tracheotomy was performed, *lived* ; the other infallibly *died* ! Tracheotomy disarms laryngismus of danger—of its apnœa.

“The *third* remedy is—the *Ready Method*, with two objects : the first, to administer respiration as the remedy for the *effect* of the laryngismus, &c., apnœa or the suspension of respiration ; the second, adding tickling to the fauces, again, to empty the stomach ; a third may be, even when all spasm has ceased, to *continue* the alternate pronation and rotation, that is—respiration—in the hope that life may be continued until the poison may be eliminated from the system, as well as mechanically regurgitated from the stomach.”

*Correction.*—We stated, in our last number, in answer to a correspondent, that there is no hydrate of potassa employed in medicine. We should have stated that the hydrate of potassa (caustic potash) is never employed *internally* in medicine. It seems hardly possible, that the name should be confounded with the *hydriodate of potassa*, but the American Pharmacopœia has very properly discarded it, employing instead simply the word *potassa*.

*Health of the City.*—The most noticeable point in the mortality table this week is the small proportion of females. There are only 27, to 47 males. The number of deaths for the corresponding weeks of this and last year are nearly the same ; 76 in 1856, 74 last week. Two more deaths this week by scarlet fever, than last—but only a small number, comparatively, there being seven.

*Communications Received.*—Hay Asthma.—Management of Post-Partum Hæmorrhage.—Tabulated Obstetrical Facts.—Apparatus for Fractured Clavicle.—Abstract of an Address before the New London Medical Society.

*Books and Pamphlets Received.*—Churchill on Diseases of Women. Edited by D. F. Condie, M.D. —Ludlow's Manual of Medical Examinations.

DIED,—In Perry, N. Y., on the 10th of April, Dr. Mason G. Smith, aged 60.

*Deaths in Boston* for the week ending Saturday noon, April 25th, 74. Males, 47—Females, 27 — Accident, 1—apoplexy, 2—inflammation of the bowels, 3—bronchitis, 1—consumption, 18—convulsions, 2—croup, 3—dysentery, 1—dropsy, 1—dropsy in head, 2—drowned, 1—debility, 1—infantile diseases, 8—typhoid fever, 1—scarlet fever, 7—disease of the heart, 5—hæmorrhage of the lungs, 1—inflammation of the lungs, 6—pleurisy, 1—disease of the spine, 3—scrofula, 2—smallpox (at Deer Island), 1—scalded, 1—teething, 1—unknown, 1.

Under 5 years, 29—between 5 and 20 years, 15—between 20 and 40 years, 23—between 40 and 60 years, 4—above 60 years, 3. Born in the United States, 47—Ireland, 15—other places, 12.



*New York State Lunatic Asylum.*—From the fourteenth Annual Report of the superintendent of this Asylum (Dr. John P. Gray), for the year ending November 30, 1856, we gather the following items:—Number of patients at the commencement of the year, 455; received during the year, 242; whole number treated, 697. Daily average under treatment, 454. Ordinary capacity of the house, 440. Discharged recovered, 100; improved, 33; unimproved, 65; not insane, 8; died, 30; total, 236. Remaining November 30, 1856, 461.

"The inadequacy of the institution," says Dr. Gray, "to meet the increasing wants of the insane of the State, is becoming more and more widely felt. Most painfully has this been impressed upon hundreds, whose friends we have been unable to admit, and who have been compelled to retain them at home, and see them gradually sink into a state of incurability; or remove them, often at the risk of life, to an inconvenient distance from their families, to such asylums abroad as were willing to receive them. It is certainly no credit to the State that her sick cannot be treated within her own borders, but must seek in other States what they should find at their doors."

*Dentistry and the Microscope.*—Much light has been thrown on anatomy, physiology and pathology by the use of the microscope, and much connected with these sciences remains yet to be investigated by means of this instrument. This is not less true of these sciences viewed in their relation to dental, than to general surgery. The attention of the dental profession is becoming more and more enlisted in microscopic observations, which, connected with a dissemination of correct chemical knowledge, we regard as the most efficient means of perfecting dental science. An important step in this direction was the establishment of a chair of "Microscopic and Comparative Anatomy of the Teeth," in the Baltimore College. We, however, do not see where there is room for a course on the microscope, in a session so short, if the other departments receive the attention they require, and would hence suggest to the several schools the propriety of longer sessions.—*Dental Register of the West.*

*Singular Malformation.*—There is in this vicinity, a singular case of deformity. The lower extremities of a boy, now eight years of age, are turned completely round—the heel being before, and the toes behind. There is no patella to either knee; this joint, in fact, bends backward, so that when the child kneels down his lower legs are in front of the body. There seems a defect in all the bones except at the hip-joint. He can walk without support.—*Southern Journal of Medical and Physical Sciences, Knoxville, Tenn.*

*California State Medical Society.*—The second annual session of the Medical Society of the State of California, was held at Pioneer Hall, in Sacramento, on Wednesday, February 11th, 1857. The late president, Dr. B. F. Keene, having deceased since last session, Dr. E. S. Cooper, senior vice president, occupied the chair. Dr. H. Gibbons, of San Francisco, was afterwards elected president, and the other officers were also chosen.

*Amylene.*—At the last meeting of the Medical Society of London, Dr. Snow showed a specimen of amylenes which had a less powerful and more agreeable odor than that which he showed to the Society on a former occasion. He said that the change had been produced by great care in its preparation on the part of Mr. Bullock, and that the chief obstacle to the use of this agent was in a great measure removed; and he expected that the odor would be still less when the amylenes could be procured in a state of more absolute purity. He had given the amylenes in 69 operations, and in one case of labor, since he read the paper on January 10th, making a total of 91 cases. The results confirmed what he had stated on the former occasion, as to certain advantages it possessed over chloroform in a number of instances. A little vomiting had occurred in six of the cases; this was much less than would be met with from chloroform, more especially as many of the patients had taken a meal just before the operation.—*London Lancet, March 7th.*

*Longevity.*—From the returns of the Registrar-General it appears that in three years 266 persons have died in England and Wales of the age of one hundred years and upwards.—*Ib.*

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LVI.

THURSDAY, MAY 7, 1857.

No. 14.

## RECORD OF OBSTETRICAL CASES.

[Communicated for the Boston Medical and Surgical Journal.]

At a meeting of the Middlesex East District Medical Society, held in January, 1855, it was proposed that some blanks, for the record of such obstetrical cases as should occur in the practice of members, should be furnished, and that when a sufficient number should be filled, they be published.

There are five hundred and eighty-six cases recorded by eight gentlemen, in the years 1855 and 1856. If the average number per year should hold good throughout the profession in this State, viz., 37, it is readily seen how vast a number of observations could be collected, at very little expense of time and trouble to each individual.

It is not pretended that the form of the blanks is perfect, nor that there may not be some imperfections in the records; but, from the well-known character of the practitioners who have so kindly responded to the appeal, the compiler can promise as great a degree of accuracy, *as far as the records go*, as may be found elsewhere.

Much can be and is said concerning statistical information. The subject has been treated by others far better than I could do it, and therefore I will not attempt the theme, but proceed, at once, with the tables, the summing up of which has involved no small degree of time and labor.

There were 586 births, and 596 children born; 10 twin births, being 1 in 58 $\frac{6}{10}$  cases; 300 males, 296 females.

Not reckoning one case of an American, reported as having had pains four weeks, the tables give as the average duration of pains among

	H. M.		H. M.
383 American women,	14.00	5 Canadian women,	19.25
175 Irish           “	15.20	3 Scotch           “	11.15
6 English           “	7.45	1 P. E. Island,	3.00
6 Nova Scotian “	15.09	1 French	2.15
5 German           “	15.12		

The longest time of these was 6 days; the shortest, 15 minutes.

208 were 1st births.		17 were 7th births.	
125	" 2d "	14	" 8th "
83	" 3d "	8	" 9th "
60	" 4th "	5	" 10th "
47	" 5th "	1	" 11th "
17	" 6th "	1	" 12th "
No. of children born in February,	26	No. of children born in March,	53
" " November,	39	" " April,	53
" " August,	42	" " October,	53
" " January,	48	" " September,	53
" " July,	50	" " June,	54
" " May,	52	" " December,	63
From 6, P. M. to 12, A. M., there were, births		149	
" 12, M. to 6, A. M.,	" "	149	
" 6, A. M. to 12, M.,	" "	150	
" 12, M. to 6, P. M.,	" "	138	

In 558 observations the average time of the "breaking of the waters" previous to birth, was three hours and fifteen minutes. Longest time was three weeks; many cases at birth.

The proportion of miscarriages that had befallen 384 American women, previous to these records, is 1 in  $4\frac{1}{2}$ ; 175 Irish, 1 in  $6\frac{1}{2}$ ; 1 to 6, English; 1 to 3, Nova Scotian; 5 to 5, Canadian; 2 to 1, Prince Edward's Island; 1 to 1, French; 1 to 1, French Canadian.

In 574 single cases there were 17 other than vertex presentations, one in about 34 ( $33\frac{2}{7}$ ), viz. : face to pubes, 1 in 82; breech, 1 in  $95\frac{1}{2}$ ; footling, 1 in 287; shoulder, 1 in 287. Average time in attendance,  $4\frac{1}{2}$  hours.

#### *Twin Cases.*

First. Presentation of first child, natural; of second, feet. Both males: first weighed 5 pounds, lived; second died, "apparently a three months' child."

Second. Presentation of first, natural; of second, breech. Both males—died.

Third. Presentation of first, face to pubes; of second, footling. Male and female.

Fourth. ? Male and female.

Fifth. Presentation of first, natural; of second, feet and nates. First gasped a few times. Second, double hare-lip; fissure of hard and soft palate; seven months' child; cried; cerulean; moaning; died.

Sixth. Presentation of first, breech; of second, natural. Females: one died in 4 weeks, of old age.

Seventh. Presentation of first, natural; of second, breech. Males; one died in six days, of a meddlesome nurse.

Eighth. Presentation of first, natural; of second, feet. Females; nine previous labors; both alive now, at fifteen months.

Ninth. Presentation of first, natural; of second, feet. Females; one died on the third day, from gas, being placed too near a coal stove.



Tenth. Presentation of first, natural; of second, feet. Females: seventeen hours between the two; first was with difficulty got to breathe; lived some ten or twelve hours. Second born putrid.

There is some "experience" in our District, which may be placed by the side of that occasionally gained in the metropolis; for instance:

"A long case; took ol. ricini for costiveness; tart. ant. for closed os; ergot for slackened pains; the vectis and chloroform at the finale. Sick in a room with the thermometer below 0; patient under two or three comforters. Delivered her with dreadnought overcoat on; mother and child did well." And so did the doctor.

"Mother did poorly; opened an abscess in left labium; afterward had mammary abscess and severe pleuritic inflammation. Phthisis became developed, and she died in four months."

The following seems simple; it is much in little:—"Found arm presenting, shoulder crowded down into pelvis; woman healthy, strong, muscular; turned and delivered: mother did well."

"Delivered with forceps; mother did well. Convulsions came on after delivery, apparently from the enormous collection of coagulum in the uterus, which was broken up by the hand, and convulsions ceased."

I will not ask for more space in your Journal at this time, than I have already taken up. I think I may promise, however, that, at some future time, referring to these tables as an earnest of a sincere desire to obtain and impart knowledge concerning the obstetric branch of our profession, I may ask for a page or two, in which the present paper may be extended.

For the Middlesex East District Med. Society.

WILLIAM INGALLS,

Secretary.

Winchester, April, 1857.

DR. EDWARD BROWN-SEQUARD'S EXPERIMENTAL AND CLINICAL RESEARCHES APPLIED TO PHYSIOLOGY AND PATHOLOGY.

[Concluded from page 220.]

THEORIES of epilepsy, entirely at variance with the preceding, have been proposed. In the last century, Saillant (*Expér. sur des Animaux pour découvrir le siège et la cause prochaine de l'épilepsie*, in *Hist. de la Soc. Royale de Médecine*, in 1782 and 1783, p. 88-96), without giving a theory of epilepsy, concluded, from some experiments, that it is easier to cause epileptic seizures in producing alterations in the blood than by irritating the nerves or the brain. Had galvanism been known at the time of the researches of Saillant, and had he employed it to irritate the nervous centres, he would have seen much more violent and lasting convulsions than

those he observed after having altered the blood by injections of air, &c. His experiments only show that convulsions may be due to altered blood, a fact well known already before his researches.

One of the most eminent medical writers of our times, Dr. R. B. Todd, has recently proposed a theory of epilepsy, which I must discuss at length, on account of the importance it should have if it were true, and of the value that belongs, necessarily, to any opinion held by such an ingenious and experienced physician.

Dr. Todd says, "I hold that the peculiar features of an epileptic seizure are due to the gradual accumulation of a morbid material in the blood, until it reaches such an amount that it operates upon the brain in, as it were, an explosive manner; in other words, the influence of this morbid matter, when in sufficient quantity, excites a highly polarized state of the brain, or of certain parts of it, and these discharge their nervous power upon certain other parts of the cerebro-spinal centre, in such a way as to give rise to the phenomena of the fit."

Dr. Todd then proceeds to say that a very analogous effect is observed when strychnine is given to a cold-blooded animal. This drug may be administered in very minute quantities for some time without producing any sensible effect; but when the quantity has accumulated in the system up to a certain point, then the smallest increase of the dose will immediately give rise to the so-well-known peculiar convulsive phenomena, observed in this kind of poisoning. Dr. Todd adds: "This, then, is the humoral theory of epilepsy. It assumes that the essential derangement of health consists in the generation of a morbid matter, which affects the blood, and it supposes that this morbid matter has a special affinity for the brain or for certain parts of it, as the strychnine, in the case just cited, exercises a special affinity for the spinal cord. The source of this morbid matter is probably in the nervous system, it may be in the brain itself. It may owe its origin to a disturbed nutrition—an imperfect secondary assimilation of that organ—and in its turn it will create additional disturbances in the functions and the nutrition of the brain."

"According to the humoral theory, the variety in the nature and severity of the fits depends on the quantity of the poisonous or morbid material, and on the part of the brain which it chiefly or primarily affects. If it affect primarily the hemispheres, and spend itself, as it were, on them alone, you have only the epileptic vertigo. If it affect primarily the region of the quadrigeminal bodies, or if the affection of the hemispheres extend to that region, then you have the epileptic fit fully developed."—(*Medical Times and Gazette*, Aug. 5, 1854, p. 129.)

This theory is nothing but an ingenious hypothesis which Dr. Todd proposes, without trying to prove it. The only reason he adduces to support his theory is, that in the renal epilepsy there

is very likely a poison in the blood, but as regards the other kinds of this convulsive affection, he does not say any thing which may lead to the admittance of his hypothesis. Feeling that he had no proof of the correctness of his views, he says: "To give a more definite character to the humoral theory, we need to discover a morbid matter in the blood, in variable proportions, in every case of epilepsy. This desideratum has, as yet, been only partially obtained." Dr. Todd alludes here to the influence of the accumulation of urea in blood, in the cases of renal epilepsy. Leaving aside, for a moment, this kind of epilepsy, we may say against the humoral theory of the eminent British physician: 1st, That we do not know any fact in favor of it; 2d, That there are a great many facts in opposition to it.

Not only we do not know any fact favorable to this theory, but its author seems to be like ourself, in this respect, as he does not relate a single one. We have never read or heard that a poison produced in the brain, has been found in the blood of epileptics, and we cannot imagine on what ground a fact of this kind is considered as probable by the author of the humoral theory or rather hypothesis.

To establish the humoral hypothesis on a solid basis, it would be necessary to show: 1st, That there is always a poison in the blood of all epileptics; 2d, That this poison gradually accumulates in the blood until its quantity has become considerable enough to produce the phenomena of the fit; 3d, That during or after a fit, this quantity diminishes (because if it were not so, the fit would continue or come again and again, after a very short time); 4th, That the nature of the poison varies, so that it acts either on the brain proper alone (producing a mere vertigo), or on the other parts of the cerebro-spinal centre alone, or on the whole of this centre at once; 5th, That this poison has quite a different influence on the brain proper and on the other parts of the cerebro-spinal centre, destroying the actions of the former and increasing excessively the actions of the latter.

Not only none of these points have been made out, but it seems that no attempt has been made in the way of a demonstration in this respect.

That there is a poison in the blood of epileptics is a fact which, nevertheless, is possible, as there are substances in the blood of every man, healthy or epileptic, which by a transformation or by accumulation, may act as poisons, and be the cause of many of the phenomena of an epileptic seizure; but it is not known whether the quantity or quality of these substances is changed in epileptics, just before the fits.

There are many facts which are in direct opposition with the humoral theory of epilepsy. Certainly it is so for all the cases in



which a ligature around a limb or one of its parts, has prevented a fit, and also for the cases in which epilepsy has been cured by the section of a nerve, by an amputation, by the extirpation of a tumor, a tooth or a foreign body, or by the expulsion of calculi, of worms,\* &c. If, in all these cases, there was, as the cause of the phenomena of the seizure, a peculiar influence of some poisonous matter on the encephalon, instead of an irritation springing from certain peripheric nerves, the means mentioned would not prevent the fits, and, still less, effect a complete cure of the disease. If we were to admit that it is a poison which causes the phenomena of the seizure in these cases, we should have to admit also that this poison acts on the peripheric parts of some nerves, and not on the encephalon. But there is no more ground for this last hypothesis than for the preceding, because the presence of a poison in the blood is a mere supposition. Besides, if this would be a reality instead of a gratuitous supposition, it would remain to be explained why this poison does not act in some way or other after the section of a nerve, or the extirpation of a tooth, &c.

The humoral theory is in opposition with many other facts, among which are those proving that an emotion or various other moral causes may produce a fit of epilepsy. For cases showing, without any doubt, the influence of these causes and their relative frequency, I will refer to the works of Delasiauve (*Loc. cit.*, p. 219--22) and Moreau, de Tours (*De l'étiol. de l'épil. et des indications*, &c., in *Mém. de l'Acad. Impér. de Médecine*. 1854. Vol. XVIII. p. 1 *et seq.*)

The facts we have related in § XI., to prove that seizures of epilepsy are sometimes produced by a mere pressure upon or by galvanization of a small part of the skin, are also in direct opposition to the humoral theory. How could a pressure upon the skin produce a fit, every time it is made, if the fits were due only to a peculiar influence of a poison on the encephalon?

The following facts resemble, in many respects, those I have mentioned in § XI., and they also are in complete opposition to the humoral theory: they have been collected by Delasiauve (*loco cit.*, p. 137--38), to show the influence of certain circumstances on some epileptics: 1. A patient could not smell hemp, without having a fit.—(*Tissot.*) 2. In another, the same effect was produced by the slightest odor, even that of broth or of a medicine.—(*Schubart.*) 3. A child had a fit every time he saw something red.—(*Buchner, Tissot.*) 4. A child had an epileptic seizure as

---

\* A curious case of hystero-epilepsy, due to larvæ in the frontal sinuses, has been recently published by Messrs. Duménil and Legrand Dussaule. These larvæ, which belonged to five different species, were expelled by the nose, and after their expulsion the patient, who had had violent convulsions for many months, was cured. (See the very useful report on the progress of medicine and surgery, entitled *Annuaire des Sciences Médicales*, par le Dr. Lorain, revu par le Dr. Ch. Robin. Paris. 1856. p. 151.)

often as he heard a dog bark.—(*Van Swiéten.*) 5. The idea of phantoms, which had frightened a boy, when quite young, was sufficient to cause the fits.—(*Maisonneuve.*) 6. In a case, the remembrance of a fright was enough to produce the seizure.—(*Van Swiéten.*) 7. Any word of blame, addressed to two patients, gave them a fit.—(*Delasiauve.*)

The cases in which a physical impression has been the cause of the first attack of epilepsy, may be regarded as less valuable against the humoral hypothesis, than the preceding facts in which, at each return of the cause (either moral or physical), a seizure took place. It might be said to diminish their value that the physical impression occurred just at the time when the poison of the blood was beginning to act upon the brain. But in admitting that such a coincidence has sometimes taken place, we certainly cannot imagine that *in all the very numerous cases of epilepsy*, in which the first fit has occurred immediately after a physical impression, such a coincidence has existed. The works of the principal writers on epilepsy, Van Swiéten, Tissot, Maisonneuve, Cooke, Esquirol, Portal, Copland, Herpin, Delasiauve, Moreau (de Tours), &c., contain too many of such facts for our dreaming of the possibility of explaining the production of epileptic fits, immediately after a physical impression, without attributing at least a share in the causation of these fits, to this impression. The *post hoc, propter hoc*, is a sound reasoning when the number of facts is so extremely considerable as it is here.

In my animals, as I have already said many times, the fits are produced at every time the skin of certain parts of the neck and face is pinched.\* As the seizure in these animals takes place when we desire it, we have there a decided proof that, at least in them, fits may be produced otherwise than by the irritation of a poison on the encephalon.

It results from this exposition of facts that, in animals and in man, fits of epilepsy cannot be considered as always due to the influence of a poisonous matter upon the encephalon. We would not say, however, that they are never caused by a poison in the blood. It seems, on the contrary, not only when there is a deficiency in the urinary secretion, but also when the elements of bile are in great quantity in the blood, or when the functions of the supra-renal capsules are suppressed, that epileptiform seizures take place, owing to the irritation that certain substances, contained in the blood, exert upon some parts of the nervous system. When there is not a free menstruation, and perhaps, also, when the secretion of the skin is stopped, it seems probable that a poisonous matter remains in the blood, where it accumulates, and that it par-

\* In October, 1855, I had the satisfaction of showing this experiment to Dr. R. B. Todd himself, in presence of many distinguished physicians, among whom were W. Bowman, Prof. L. Beale, Dr. R. H. Semple and Dr. R. Druitt.

ticipates in the causation of epileptic fits.\* Besides, it is certain that some poisons, and particularly lead, are able to cause epilepsy. But many questions are still to be solved, concerning the *modus operandi* of poisons which cause convulsions. I have shown elsewhere (*Experimental Researches applied to Physiol. and Pathol.* New York, 1853, p. 57-63 and p. 113) that these poisons have two modes of action, entirely different one from the other. One of these modes, which is by far the most frequent, seems to consist only in an increase of the reflex faculty of the cerebro-spinal centre. The poisons which belong to this category, according to my researches, are the following: strychnine, brucine, cyanhydric acid, cyanide of mercury, morphine, nicotine, picrotoxine, digitaline, sulphide of carbon, oxalic acid, &c. The other mode of action of poisons producing convulsions, consists mostly in a direct irritation of various parts of the nervous system. I do not know of any other poison, acting exclusively in this way, except a substance existing normally in the blood, which accumulates during asphyxia, and which very likely is carbonic acid. The differences between these two modes of action of poisons are striking. In one of these modes there is no irritation, or at least very little, produced upon the nervous system or the contractile tissues, and therefore there is no convulsion directly caused by the poisons belonging to this category.

It will probably surprise many persons to hear that strychnine, cyanhydric acid, brucine, &c., do not directly give convulsions—but this is a fact; these substances do not seem to have any power of excitation either on muscles, on sensitive and motor nerves, or even on the spinal cord. Perhaps some of the poisons, of which a list is to be found above, have a slight power of excitation on the spinal cord, but they certainly do not cause directly the powerful convulsions which are attributed to them. They act almost only in increasing the reflex power of the cerebro-spinal centre, in such a manner that the least excitation, as, for instance, a voluntary or a respiratory movement, or any other kind of irritation of nerves of the skin or of the mucous membranes, causes convulsive reflex movements. We might say that they act in giving to the nervous centres the faculty of causing convulsions *when the centres are irritated, but they do not irritate*. (For the proofs of these views, see my work above quoted, p. 57-63.) On the contrary, black blood, or very likely carbonic acid, seems to destroy the reflex power of the cerebro-spinal centre, but at the same time it *irritates* violently this centre, and, therefore, causes directly powerful convulsions. This last poison differs also from the preceding in being able to irritate directly muscles and motor or sensi-

\* Very judicious remarks on the subject of the influence of poisonous matter contained in blood, in eruptive diseases, in jaundice, in deranged menstruation, in albuminuria, &c., have been made by Prof. Gunning S. Bedford, in his important work, *Clinical Lectures on the Diseases of Women and Children*. Third Ed. 1856. pp. 437, 475, 502 and 525-34.



tive nerves. (See for this and other influences of black blood, or rather of carbonic acid, my work, already quoted, p. 110–13, and p. 117–24. See, also, the thesis of my friend and pupil, Dr. Brandt, entitled *Des phénomènes de contraction observés chez des individus morts du choléra ou de la fièvre jaune*, Paris, 1855, and my paper on red and black blood in the *London Medical Times and Gazette*, Nov. 17, 1855, p. 492–94.)

There are, therefore, some poisons that cause convulsions indirectly, by increasing the reflex power of the cerebro-spinal centre, and not in irritating them, while there are others which cause convulsions directly by an irritation of the cerebro-spinal centre. In which of these two categories are we to place the poisons, contained in blood in cases of epilepsy, where some secretion (the urinary, the biliary, &c.) is suppressed or much diminished? This is quite an undecided question. Many other things are still to be known concerning these poisons; but we do not intend to examine this subject here. We wished merely to say, that even in cases where there is some ground for the humoral theory of epilepsy, proposed by Dr. Todd, we have no proof that the poison acts as this eminent physician supposes. We will add that even in cases of organic disease of the kidney, coincident with epilepsy, we are not entitled to declare positively that it is in consequence of the accumulation of some of the principles of urine in the blood, that the fits are produced, as it might be that they result from an irritation of the renal nerves, as it is the case when there are calculi in the tubuli of the kidneys without a notable diminution of the secretion of these glands. On another side it is very well known, as Prévost and Dumas, Ségalas, Tiedemann and Gendrin, Mitscherlich, Bernard and Barreswil, Stannais, Frerichs and myself have ascertained many times, that after the extirpation of the kidneys, *i. e.*, when the urinary secretion is as much diminished as possible, convulsions are very rarely produced, and never violent. So that in a case of epilepsy with renal disease, either the convulsions have no relation whatever with the renal affection, or if they have a relation, it is either through the agency of the renal nerves, or in consequence of a transformation of some element of the urine in the blood, as these elements seem to be unable to cause convulsions. It is mostly this last argument which has led Frerichs, in his very interesting work on Bright's disease (*Die Bright'sche Nervenkrankheiten*, Leipzig, 1852), to his so-much-debated theory of uræmia.

As a general conclusion of our discussion of the humoral theory of epilepsy, we will say: 1st, that even in the cases where there is probably a poison in the blood, its relations with the production of fits is not known. 2d, that we are not entitled to consider as due to the elements of certain secretions, remaining in the blood,

the epileptic fits which may exist when the glands producing these secretions are diseased. 3d, that there are a great many cases of epilepsy in which the cause of the fit is not in the blood.

#### THE NEW PANACEA—DR. COGGSWELL'S ANTIPHLOGISTIC SALT.

[Communicated for the Boston Medical and Surgical Journal.]

“ WHY not try it? If you don't know what it is, why don't you try it in a case which it can't injure, and test its properties? Dr. Coggsowell is not one of the uneducated or self-taught quacks, but a physician. He has the degree of Doctor of Medicine. He has spent years in investigating disease, and he *may* have made a discovery which is all that it pretends to be.” Such are the remarks that every physician is called upon to hear and reply to, whenever a new quack medicine is advertised. Commonly, one does not care to make any sort of answer, but the time comes when feelings of particular regard for a suffering friend, lead him to take more than ordinary pains to prove the absurdity of trying every new advertised nostrum, and the deceptive powers of its proprietor.

The Antiphlogistic Salt has been advertised very largely, and the advertisement paid for in the medicine itself. So say the papers. After a month or two of gestation, the child has been brought into the world. Now for the after-birth. The *Traveller*, *Transcript*, and I know not what other papers, have published extracts from twenty-seven newspapers, giving accounts of the marvellous effects in headache, neuralgia, ague, palpitation of the heart, rheumatism, bronchitis, croup, erysipelas, fistula, scrofulous carbuncle (?), catarrh, canker, salt rheum, ulcers, dyspepsia, fits, pleurisy, heartburn, fever and ague, inflammation of the lungs, nervous and female complaints. There's a list for you, and the *Traveller* precedes it with this announcement:

“ EDITORS ON DR. COGGSWELL'S SALT.—We think the following testimonials from publishers who received the salt in payment for advertising, entitled to higher consideration and more confidence, than the certificates ordinarily attached to advertised medicines.”

The *Transcript* follows the list with—

“ We concur in the views of the *Traveller*, that these editorial verdicts, under the circumstances, are entitled to more than usual consideration.”

It is worth while to say, that these two papers are edited by gentlemen, who, from their position in society, are supposed to know the weight that is attached to an editorial puff. It is to be supposed that they have some knowledge of the history of quack medicines, from the Royal Touch, through Weapon Ointment, Tar Water, Gordak's Drops, Swaim's Panacea, Brandreth's Pills, &c., down to Antiphlogistic Salt. Yet they publish, not as an advertise-

ment, but as editorial; not the *statement* of an irregular member of the medical profession, but as their own unbiassed *opinion*, a third of a column of the most decided recommendations of a medicine, of whose composition they know absolutely nothing.

The Antiphlogistic Salt is a solid medicine, easily susceptible of analysis, by the aid of the microscope or the test tube, or by both together. Let us see what it is.

I obtained a box of it, containing perhaps two drachms, more or less. It was not bought of any druggist, who could have an object in imitating it, but was obtained directly from Dr. Coggs well himself, was delivered from his own office and by his own hand. It is worth while to say this, lest the purity of the specimen should be questioned. The appearance was that of coarsely powdered borax, which I supposed it to be, slightly colored with some vegetable coloring matter, and scented with orris root. The box was covered with tin foil and wrapped in a printed advertisement, containing the directions for use. It is worth while to say this also, because, as soon as its composition is made public, the salt may change its character; and it is equally possible that some State assayer may be called upon to test a box *marked* "Antiphlogistic Salt," for the purpose of testifying that *that* box does not contain what my box did contain.

The Antiphlogistic Salt, thus obtained, was made up of the commercial bicarbonate of potash, in coarse powder, orris root, some vegetable coloring matter *not* a salt, and—nothing else. The only salt in the box was the bicarbonate of potash.

Bicarbonate of potash has been used from time immemorial as an antacid in dyspepsia, as a diuretic, and in some cases of inflammatory disease as an antiphlogistic. It has sometimes been used to such an extent and for so long a time as to deteriorate the quality of the blood, producing a state of the system akin to scurvy.

For two dollars a box you can get it of Dr. Coggs well; for a few cents a pound you can buy it of any grocer; and if the editors of the newspapers, who puff it, desire to cure themselves of any of the formidable diseases, the list of which is given above, they have only to request their wives to step into the kitchen and bring up the *sal æratus* box.

B.

*London Fever Hospital.*—The income of the past year has been £132, 14s. 3d. less than the expenditure. The total admissions during the year had been 1761, in addition to the 121 remaining at the close of the preceding year, the admissions exceeding the latter by 735. The cases comprised 1061 typhus, 149 typhoid, and 183 scarlet. Out of the whole number, 1483 recovered, 289 died, and 94 remained under treatment.—*London Lancet.*



## Reports of Medical Societies.

---

EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.  
L. PARKS, JR., M.D., SECRETARY.

*Dysphagia*.—Dr. JEFFRIES read, from a letter addressed to him by a missionary in Asia Minor, the following description of a case of *dysphagia*, the writer—who was a physician as well as a clergyman—being the subject of the affection.

“ My age is 32 years. Temperament sanguine. General health very good. Constitution naturally strong. The local difficulty from which I am suffering commenced about fifteen years ago ; it consists essentially in a difficulty of deglutition, in respect both to solids and liquids.

“ The phenomena attendant upon this trouble may be best illustrated by a statement of what occurs whenever I take my ordinary meals. When I commence eating, and for a little time after that I have begun to take food, I swallow apparently as well as any one else. I experience no difficulty at all ; but, ordinarily, before I have eaten one fourth part of a meal, I begin to feel a sense of obstruction—a sort of constriction, apparently—in the œsophagus, as it seems to me. As I continue eating, this sense of constriction gradually increases. It does not ever amount to pain, sharp or dull, but is rather a feeling of constriction, accompanied with considerable dyspnœa, and an inability, or seeming inability, to speak. This sense of suffocation becomes insupportable if I continue to eat, and relief is obtained in only one of two methods—either after considerable voluntary effort a regurgitation of the food just taken is effected, or, a large quantity of fluid, ordinarily water, is drank at once, and thus the obstruction is removed, and immediate relief follows. In this drinking, the first and second glasses of water only seem to increase the feeling of constriction, and it is not until after the contents of a third or fourth glass are poured hastily down that the obstruction is removed and relief obtained. The water seems to act mechanically by forcing the food into the stomach. This once well accomplished, I feel just as well as when I first began to eat.

“ Then I commence eating a second time ; again experience the same difficulty after having taken about the same quantity of food ; and relieve the obstruction as before, namely, by forcing down, as fast as I can, two, three, and not seldom four ordinary-sized glasses of water. Usually, I eat and “ drink ” thus twice at each meal. Sometimes, from some inexplicable cause, I am unable to remove the obstruction, even though I drink a *very* large quantity of water, say five or six glasses. Then the distress is much aggravated ; the dyspnœa is much increased, and I wheeze like a man suffering from an attack of asthma. This continues until, in some way, either by putting my finger in my pharynx, or by a voluntary muscular exertion, I am able to effect a regurgitation of the food taken.

“ All kinds of food, liquid and solid, meet the same difficulty of deglutition. Highly-seasoned dishes, and those of a more *liquid* character, are swallowed with more difficulty—that is, I am sooner obliged to drink—than unseasoned and more *solid* and dry kinds of food. In drinking simple cold water or any other fluid, I experience the same dif-

difficulty as in eating solid food. When I have drank one glass of water, I am obliged to drink at once a second and third glass in order to remove the sense of constriction produced by the first. When I commence eating, as I have said, I can take a *small* quantity of food before experiencing any sense of obstruction; but suppose that after having taken this small quantity of food I were then to stop eating, and not *drink* at all, the result would be that in about fifteen to thirty minutes I should have a feeling of uneasiness in my stomach, or œsophagus, which would soon be followed by a frequently-repeated *regurgitation* of the small quantity of food which had been taken, accompanied with more or less of a fluid secretion. I tried at one time this experiment of eating but a *little*, and not drinking for three days, and came near dying of inanition.

"Sometimes an indigestible article of food, after having remained in my stomach (or somewhere else) for twelve or fifteen hours, will, all at once, come up into my mouth, unchanged in taste or appearance, except having become, it may be, a little softened by the macerating process it has undergone. Oftentimes at night, just as I begin to drowse, a spasm occurs in my stomach, or œsophagus, which throws up a portion of liquid food with such violence as to fill my mouth, and even to pass into the posterior nares, and come out at my nose. Frequently during the latter part of the night, while asleep, I am attacked with dyspnoea and violent spasmodic coughing; so that I am obliged to rise from my bed and regurgitate a quantity, more or less, of partially-digested food mixed with a tasteless water-like fluid. In the morning, soon after rising, a considerable quantity of such fluid is sometimes thrown up. Occasionally, though seldom, I have an attack of proper pyrosis. My appetite is very good, and I very seldom suffer from any of the ordinary symptoms of dyspepsia or indigestion; seldom am troubled with either diarrhoea or constipation.

"This difficulty of deglutition began very gradually, and has continued slowly and almost imperceptibly to increase up to the present date. At one time a glass two thirds full of water occasioned as much relief as I now derive from drinking three or four. At no time has pain or a sense of soreness been produced by pressure or percussion of the epigastric region. At one time a common-sized ivory-tipped probang was passed without the least difficulty quite into the stomach.

"The chief remedial agents that have been tried, are the oxide of zinc, prussic acid, and electro-galvanism; none of which seemed to produce any effect.

"Is this case probably curable? If not curable, will it probably *yield at all* to medication? If so, to what extent? What is the *nature* of this disorder, what its prognosis, what its treatment, and how long should medication, if tried at all, be persevered in?"

Dr. HODGES referred to a similar case, previously reported by himself at another Society. The patient, aged 36, dated back his dysphagia to the earliest period within his recollection; and said that physicians whom he had consulted previously to Dr. Hodges, had pronounced the affection owing to hour-glass contraction of the stomach.

Dr. JEFFRIES remarked that in the case presented by him, the questions in point were, why does the food not pass? why liquid relieves

the obstruction? and what is the remedy? Dr. J. entertained doubts if the probang had ever really passed into the stomach.

Dr. GORDON thought the lesion to be most probably a diverticulum. The regurgitation of the food, during sleep, made against the theory of the affection being hysterical. The regurgitation, too, is shown to be from above the stomach, because the food ejected is found not to be acted upon by the gastric juice. If the case were one simply of hour-glass contraction, then the food would show the effects of the digestive process, because it is only necessary that a small portion of the stomach should be healthy, to enable digestion to take place. Dr. G. instanced a case lately reported by him, in which no more of the stomach was sound than could be covered by the palm of the hand; and yet digestion was perfectly well performed.

Dr. J. B. S. JACKSON remarked that diverticulum from the œsophagus was a rare lesion. He had, however, seen a case in which there was stricture of the œsophagus (like that of the urethra), with a dilatation above it, large enough to admit two fists.

It being suggested that the force with which the food was thrown up, in this case, would seem to indicate a more powerful muscle than the œsophagus, as the cause of the violent ejection, Dr. Jeffries replied, that we do in fact see the food thrown out with immense force, in common stricture of the œsophagus. Dr. Jeffries considered the case as non-malignant. That it was dilatation of the œsophagus from stricture of the cardiac orifice or of the gula quite near to the stomach. That the enlargement might be rather in the form of a diverticulum than a general and equal dilatation of the whole œsophagus. That the prognosis was unfavorable; and the treatment could be only palliative, being entirely mechanical.

*Belladonna and Scarlatina.*—Dr. BUCK mentioned a case, in which scarlatina had proved fatal, notwithstanding the previous use of belladonna. The patient was his grandchild. The father of the child—an apothecary—had desired to have the prophylactic power of belladonna tried upon his children: and Dr. Buck, though having no faith in the drug as a preventive, allowed it to be used. Both children were put upon it; the eldest (who subsequently had the disease and died) took 20 drops, three times daily, of a solution of one grain of belladonna in an ounce of water, for the space of two months; at the end of which time she was attacked with scarlatina. The eruption was very full, and the throat profoundly affected. The sister—an infant—though constantly with the affected child, has not yet had the disease—fifteen days having elapsed, since the death of the elder one. Dr. Buck mentioned the case, as bearing upon the prophylaxis of scarlatina; and also as confirming, so far as it goes, his disbelief in the contagion of the disease.

Dr. BUCKINGHAM criticised the dose of belladonna given in this case, as being large, in view of the long-continued employment of the drug, and of its cumulative effect.

*Criminal Abortion.*—Dr. H. R. STORER offered a resolution “That a Committee be appointed to consider whether any further legislation is necessary in this Commonwealth, on the subject of *criminal abortion*, and to report to the Society such other means as may seem necessary for the suppression of this abominable, unnatural, and yet common



crime. Said Committee to consist of three, and to be appointed by the Chair."

Dr. Storer, at the suggestion of Dr. Jeffries, added this amendment:—"And that said report, when accepted by this Society, shall by it be recommended to the Massachusetts Medical Society as a basis for its further action."

Dr. Storer prefaced the resolution with the following remarks:—

"He desired to bring before the Society a subject which imperatively demanded its early and decisive action. Somewhat over a year ago, the present professor of obstetrics in the University (Dr. Storer, Sen.) had called attention, in a public inaugural address, to the alarming increase of *criminal abortion* in this community, and to the fact that the initiatory steps towards suppressing the crime should come from physicians. When the address alluded to was subsequently published, so much of it as bore upon this question, as also upon a kindred one, the prevention of pregnancy, was suppressed—in deference to the request of other gentlemen of the College Faculty, but entirely against the author's will. That gentleman had since been repeatedly called upon for a reiteration of his views; many months had, however, now elapsed, and as there seemed little or no probability of such being done at present, if at all, his son, after duly ascertaining this fact, had no hesitation in at once bringing the subject before the Society: it being acknowledged by all, in the least degree conversant with this matter, that immediate action was necessary.

Dr. Storer quoted statistics from a recent memoir by Tardieu of Paris, in the *Annales d'Hygiène Publique et de Méd. Légale*, for 1856, showing how common was the crime in this country as compared with others: so common indeed as to have led foreigners to suppose that the procuring criminal abortion was with us an ordinary and well-established branch of industry, not interfered with by the law; as indeed, to all intents and purposes, is at present the case.

Dr. S. referred to our statutes on this subject, and to the ignorance prevalent in the community respecting the actual and separate existence of foetal life in the early months of pregnancy. He dwelt on the moral and absolute guilt of the parties offending, and on the necessity of prompt and efficient action by the profession, and called upon the Society, as representing the physicians of Boston, to take such steps as would alike further ensure the innocence in this matter of all its members, and show to the community the sincere abhorrence with which they viewed the crime."

In conclusion, Dr. Storer quoted from an eloquent editorial article in the Boston Medical and Surgical Journal of Dec. 13th, 1855.

Dr. STORER, Sen., expressed his satisfaction that the subject was at last to be brought before the community. He held without abatement the views he had formerly expressed regarding it; the crime, if it existed to the extent all would allow it did exist, should be repressed, and it was the duty of physicians to expose and to denounce it. Several years since, the profession in Boston had insisted that the office of coroner, so great were the abuses connected with the system as then existing, should be filled by medical men; in consequence of their action, the change had been made. There could be no doubt that similar action now, on the part of this Society, would be followed by a similar result. He disclaimed any collusion with his son in thus

bringing up the matter, but was delighted it had been done, and had no doubt of the ultimate result.

On motion of Dr. GEO. S. JONES, the rules were suspended, in order that the Society might take action upon Dr. Storer's resolution, which, with the amendment, was unanimously passed.

The Chair appointed upon the committee, Drs. H. R. Storer, Bowditch, and Ellis.

*Circumcision.*—Dr. H. R. STORER stated that he had been called in the night to a Jewish child, who was suffering from alarming hæmorrhage from the operation of circumcision. The Jewish operator—an expert—had tried to stop the bleeding, without success. Dr. Storer, by thorough cauterization with nitrate of silver, stopped the hæmorrhage.

*Lesion of Back.*—Dr. JOHN WARE described certain cases of lumbago—so called—coming on suddenly after exertion. They resemble, he said, the sudden rupture of a muscle in the calf of the leg, in which the first sensation is that of being struck a blow, as by a stone. Dr. Ware considered these phenomena (i. e., the lesion of the back and that of the leg), of the same nature. The first-mentioned affection is usually about the small of the back—confines the patient to the bed from three to four days—leaving behind some soreness. For a time, large doses of opium are usually required.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 7, 1857.

### CONTRIBUTIONS TO OUR PAGES.

WE have more than once alluded to the paucity of communications from practitioners in our city and its immediate vicinity, and perseveringly asked "for more," like Oliver Twist at Dotheboys Hall. Nearly all the articles offered us come from a distance; and whilst we fully acknowledge the interest and value attaching to most of them, we cannot but feel an increasing desire that the numerous sources nearer home should be oftener unstopped. Outside of the reports of our Medical Societies, our city brethren but very infrequently send us a paper, *unsolicited*. We some time since expressed our intention of making requisition here and there for aid, and have carried our resolve into effect with some success in the way of obtaining bibliographical notices. To those gentlemen who have from time to time sent us original communications and reports of cases, we renew our former hearty thanks. Their kindness, whilst it will not allow us to *tease* them for other articles, encourages us to *hope* for them; and we point to their example as one we look daily (alas! how long?) to see followed.

When we observe long and elaborate communications in our own, and in foreign journals, many of which are not paid for, although doubtless the majority are—we cannot but ask whether more of our medical friends here cannot find leisure, *if they will*, to help us on our way. Perhaps, were it possible for us to devote more time to our labors in this line, we should not need to be so clamorous for assistance,

although even then much would necessarily be demanded. We are sure, however, that when it is considered how much journalizing trenches upon the time of practitioners, our occasional calls will not be deemed unreasonable.

We referred to articles furnished to medical journals at home and abroad. In the *Edinburgh Medical Journal* for March, 1857, Professor J. Hughes Bennett contributes a most valuable article of 27 pages. Succeeding this, is another by Professor Duncan, of 7 pages; one by Dr. Baillie, of 12 pages; one by Benjamin Bell, Fellow of the College of Surgeons, of over 4 pages. These gentlemen are all of Edinburgh, and high in repute, as is well known. We took up this particular Journal, because it happened to be lying on our table; and its pages thus amply manifest the *local* interest shown in its success.\* It is a monthly journal, and consequently admits of longer articles than a weekly. But there is far more pressing necessity that the latter should not be left with a "beggarly array of empty boxes" for its editors to gaze at, in despair for their "first article," or their "long primer."

We gratefully acknowledged a goodly supply of papers from a distance—most of them of much value. There are some, however, which come to us in the most extraordinary guise, and we must protest against manuscripts whose matter, how excellent soever it be, must be *translated* before any compositor can set it. We prefer to select, for our *translations*, from foreign journals. In addition to the frequent necessity of copying "awful" manuscript, it is a very common thing for us to be obliged to spend half an hour, or even an hour, in writing out, in full, the words answering to the most barbarous and unwarrantable abbreviations of Latin and other terms—as in prescriptions and formulæ. Sometimes, if sundry of these shortened, or rather *mangled* words escape our correction, we are called upon by some reasonably puzzled correspondent to know *what* such or such a medicinal ingredient may be—no wonder they do not discover! It often costs us a deal of time to decipher them in the original *cacography*. We trust those who expect to appear in print will not impose this double labor upon us any longer, for we assure them we have full enough to do without it.

May we not hope, as our Journal is an old settler, and has thereby a strong claim upon its immediately-surrounding friends, that they will not let it want the *pabulum* they can so easily supply? Will not such friends, both old and young, give a *local* interest and impulse to it, which will bear favorable comparison with that so observable in many other places, where, to say the least, there are no greater opportunities for observation, nor any more facilities for communication?

---

#### DR. NEWMAN'S CASE OF LABOR.

EARLY in the month of December last, Dr. A. Newman, then, or just previously, of Attleborough, Mass., reported in our pages a case of puerperal peritonitis; the patient being attended by himself and other friends in conjunction. During the progress of the case, Dr. E. Sanford, an homœopathic practitioner of the same town, was called in.

---

\* We mention only the main communications. The reviews and society reports are full, also.



We appended a note to the account, expressing an opinion, legitimately founded upon the venerable axiom that "too many cooks spoil the broth," at which much umbrage has been taken *now*, after the above-named lapse of time. Without citing the exceptional language in which Dr. Sanford demands a hearing, we give his facts as stated by himself, with some abbreviation, but without suppression of anything essential.

Dr. Sanford writes: "On Tuesday, October 15th, the patient was delivered by Dr. Newman, and treated by him in conjunction with Drs. Clapp and Bronson, until the succeeding Saturday afternoon, at which time the case came into my hands. Her physicians had distinctly and without any reservation declared that the patient could not recover. Dr. N. stated to several persons, who can attest the fact, that she would not survive twelve hours longer. The case was certainly sufficiently severe." Dr. S. goes on to enumerate the symptoms, viz.: excessive abdominal distension; acute pain; intolerance of the lightest touch; suppression of urine; and the concomitant fever. Although none other than an unfavorable prognosis was admissible, Dr. Sanford considers that his treatment induced "a partial amendment." There was, he says, an increase of the quantity of urine, and a diminution of the abdominal tension and sensitiveness. The thirst abated; the skin and tongue became more natural, and the patient was every way more comfortable and her appearance better. "Her former attendant lingered about the sick room, ostensibly as a friend interested in observing the course of the disease. Without my knowledge, and unknown to me till after the decease of the patient, he administered to her a dose of morphia, on the third or fourth day of my treatment. Presently the favorable tendency of the case disappeared; and death resulted, six and a half days after her former attendants had pronounced her continuance, for twelve hours longer, impossible. This fact is kept entirely out of view in the article reporting the case; and it is carefully represented that, at the time Dr. N. was dismissed, the patient, though quite sick, was expected to recover. That the patient showed a mitigation in the severity of her symptoms after coming under homœopathic treatment, is a fact beyond dispute; and that the promised improvement was arrested after the surreptitious administration of morphia, is capable of proof."

We omit the last two paragraphs of Dr. Sanford's letter, because we do not wish to make our pages a battle-field, nor a medium for the interchange of recrimination and personal differences.

#### PALMER'S PATENT LEG.

We have before called attention to this admirable invention, which has now stood the test of many years' trial, and still maintains its right to be considered the best artificial limb. It appears to combine all the requisites of a substitute for the natural member; lightness, strength, flexibility and simplicity. Many patients begin to walk directly after they have been fitted with one of these legs, and it would not be easy to detect the wearer among a number of other persons, in a considerable number of instances. We are glad to notice that Messrs. Palmer & Co. have removed their manufactory from Springfield to this city, No. 19 Green street, where they will have every facility for carrying on the business in the most extensive manner. We recommend to all

who have been so unfortunate as to lose a limb, to call on Messrs Palmer & Co., where they will find the best means of supplying their loss. The removal of the establishment to Boston will greatly add to the convenience of those from the Eastward and the Provinces who require artificial limbs, and who hitherto have been obliged to travel some distance to reach the establishment at Springfield.

*The late Dr. Harrison, of Middletown, Ct.*—At the annual meeting of the Middlesex County (Ct.) Medical Society, held in Haddam on the 23d ult., the following resolutions were passed by a unanimous vote:—

*Resolved by this meeting.* That we recognize the afflictive hand of God in removing by death, our late fellow member, the lamented DAVID HARRISON, M.D., of Middletown, and that we tender to the surviving relatives and friends our sympathy in their bereavement, and our tribute of respect for the character and professional worth of the deceased.

*Resolved,* That we cherish his memory as an able, efficient and assiduous member of the profession.

*Resolved,* That these resolutions be signed by the chairman and clerk of this meeting, and published in the Middletown and New Haven papers, and in the Boston Medical and Surgical Journal.

ASA M. HOLT, Chairman.

ELISHA B. NYE, Clerk.

*Artist to the Massachusetts General Hospital.*—We take pleasure in mentioning the appointment of Lucius M. Sargent, Jr., M.D., to the post of artist to the Hospital. Dr. Sargent is eminently fitted for this office, and his accurate knowledge and skilful pencil will prove of inestimable value to the institution and to the profession generally. It is often of the highest importance that drawings should be taken of specimens *in* or *ex situ*, and no hospital should be without its artist.

In the Parish of St. George's, London, according to Mr. Jay, the vaccinator of the Parish, there has not been a fatal case of smallpox for more than a year and a half—the population being 20,000.

*Health of the City.*—Scarlatina is again slightly on the increase, 12 deaths having been reported during the last week, being the largest number from any one cause except consumption. The total number of deaths for the corresponding week of last year was 67, of which 8 were from consumption, 7 from pneumonia and 3 from scarlatina.

ERRATUM.—In the Journal for April 16, page 228, the name of Prof. L. S. Joynes, of the Medical College of Virginia, in Richmond, was unintentionally printed "Prof. Jones."

MARRIED.—In Worcester, 1st inst., S. M. Bigelow, M.D., of Paris, France, to Miss Lucy Barton.

*Communications Received.*—Oxide of Zinc for Profuse Sweats.—Case of Tumor of the Parotid.

*Deaths in Boston* for the week ending Saturday noon, May 21, 72. Males, 30—Females, 42—Accident, 1—apoplexy, 1—inflammation of the bowels, 1—brouchitis, 2—inflammation of the brain, 4—softening of the brain, 1—consumption, 13—convulsions, 1—croup, 3—dropsy, 1—dropsy in head, 4—infantile diseases, 3—puerperal, 1—erysipelas, 1—typhus fever, 1—typhoid fever, 1—scarlet fever, 12—gangrene, 1—homicide, 1—disease of the heart, 2—inflammation of the lungs, 1—congestion of the lungs, 1—disease of the liver, 1—old age, 2—pleurisy, 2—syphilis, 1—teething, 3—unknown, 1.

Under 5 years, 33—between 5 and 20 years, 3—between 20 and 40 years, 18—between 40 and 60 years, 10—above 60 years, 8. Born in the United States, 52—Ireland, 18—other places, 2.

*The Blind in New York.*—The Institution for the Blind in New York contains 175 pupils. The last report avers that the blind, as a class, show languid health, occasioned by constitutional tendencies which caused their blindness, and aggravated by the difficulty of keeping up habits of bodily activity. The report reviews, says the *New York Times*, the disadvantages which attend public displays of the blind. The aim of the institution is "to impart instruction which will be of real service in after life," and with this view of conducting it on truly parental principles, exhibitions of the pupils are no longer considered necessary. "The blood of youth," says the report, "should not be distempered by the unhealthy excitement of public life, with its false standards of happiness, its illusions and disappointments; nothing can be more unphilosophical than the notion that excitements natural to maturer years, can add to the mental activity of the young." The mechanical instruction of the blind proceeds as usual. The expenses in this department, in 1856, were \$17,000. Instruction cost, \$985. The musical classes are conducted as usual, effectively.

*Arsenic instead of Magnesia.*—A mistake of a distressing and fatal character occurred recently in Baltimore. Mrs. Margaret Macfarland, being of a plethoric habit, says the *Sun* of that city, accustomed herself to taking magnesia and like aperients for the purpose of preventing a rush of blood to the head. One night, feeling unwell, she was advised by a female friend to take some magnesia, and she accordingly sent to the house of a neighbor to obtain some. The supposed magnesia was procured, and she swallowed it. For a time she felt quite comfortable, but at midnight she was seized with vomiting and severe cramp in the stomach. Dr. O'Donnell was called, and he pronounced the symptoms to be those of poison. Everything possible was done for her, but she died shortly after in great agony. The bottle from which her neighbor had taken the medicine proved to contain arsenic, there being a bottle of the same description containing magnesia, and thus the mistake occurred.

*Amylene.*—We have tried this new anæsthetic in two cases at the Commercial Hospital, but were unable to render the patients insensible. In the first case we used but about half an ounce—all that we could procure—in the second about an ounce. It produced no irritation of the glottis, but the odor was rather unpleasant. We doubt whether it will ever take the place of chloroform or sulphuric ether.—*Western Lancet.*

*Completely Impermeable Stricture.*—On the 17th of March, Mr. Cock submitted a patient at Guy's to treatment who had an impermeable stricture of the urethra of many years' duration, with numerous false passages and perineal fistulæ. A great deal of the spongy portion of the urethra was a shrivelled-up, impermeable cord, through which not a drop of urine had passed for months. With this Mr. Cock for the present did not interfere. He, however, performed perineal section, and divided that part of the urethra in front of the prostate, and succeeded in passing an instrument into the bladder, accomplishing this by passing his finger into the rectum, and hitting the urethra anterior to the prostate. His urine will be passed per perinæum still, and it will be a long time before anything can be done with the other portion of the canal, which will no doubt, to some extent, improve. He has suffered from infiltration of urine and its consequences. Mr. Cock knows of cases where no urine has passed through the penis for years, the patient being obliged to sit down to perform urination.—*London Lancet.*

*Glycerine and Borax in Cracked Tongue.*—Dr. Brinton has under his care an inveterate cracked tongue, which (like that of the late Charles Mathews) had baffled all attempts at alleviation for many years. It could not be referred to any syphilitic poison, and rendered eating, and especially speaking, very painful. Dr. Brinton made use of a favorite remedy of his in such cases—viz., borax dissolved in a lotion of glycerine (Price's Patent Candle Company's) and water (two scruples, one ounce, and four ounces respectively). It at once gave marked relief; and after a few days, during which it was the only remedial agent, the improvement seemed increased by iodide of potassium and bark taken internally. The patient has now considered himself well, and discontinued the lotion for some weeks, and the cracks are only visible as depressions in the mucous membrane.—*Ibid.*







# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. LVI.

THURSDAY, MAY 14, 1857.

No. 15.

---

## TUMORS IN THE PAROTID REGION.

[Communicated by Dr. J. M. WARREN to the Boston Society for Medical Improvement, April 13th, 1857.]

THE tumor, of which the accompanying colored drawing made by Dr. L. M. Sargent, artist to the Hospital, is a representation, was removed three weeks since, and the patient has now nearly recovered. Its origin dated twenty years back by a small swelling in front of the left ear, gradually enlarging, and finally possessing itself of part of the cheek, so as to cover the ramus and angle of the jaw. It was lobulated, soft, but not fluctuating; it had never given him any pain, but was inconvenient from its size and appearance. The patient had avoided an earlier resort to an operation, probably from having been informed eighteen years ago by a medical man, that its removal would cause his death.

The dissection was accomplished without much bleeding, and without injury to any important organ. The parotid gland at the upper part of the tumor was not to be distinguished, as if it might have been removed by absorption; remains of it, however, could be seen at the lower part of the wound, where it extended on to the neck.

The interesting part of the tumor, apparently so innocuous in its character, is the appearance discovered by the microscope, of which the following is the description by Dr. Ellis. "The tumor from the parotid region was composed of large cells, of every conceivable shape, containing large nuclei and nucleoli. They were such as are found in the most malignant tumors. The power used was 382 diameters; Næchet." A section of the tumor was like that of a ripe apple or pear, the central portion occupied by a cavity filled with a gelatinous substance somewhat like coagulated blood.

In regard to the tumors usually found in this region, they either originate in a small gland placed over the parotid, or imbedded in its substance, or are placed under its lower or free edge, which is expanded to form a coating over the tumor, making it necessary to dissect through that portion of the expanded gland before the



tumor is reached. These tumors are generally innocuous, and are removed without great risk, although they are almost always extremely vascular. So far as my experience goes, the tumors of the parotid itself are affections of a serious character, often of a malignant nature, and generally scirrhus.

As to the practical question which is often raised, whether the gland can be removed without the ligature of the carotid, the result of my experience is this. The parotid gland has been removed by me in six instances, which are given below; three for scirrhus disease, one for cretile tissue, one for melanosis, and one for hypertrophy; in none of these was the great artery tied. The experiment of dissecting out the parotid gland in the dead subject has been frequently made by me, and with a little care this can be done in most instances, leaving the great vessels behind, although sometimes a small backward-projecting bit of the gland is left, and this has been observed to escape disease. But in scirrhus affections, where the gland undergoes a gradual induration, the vessels are frequently pushed backward, as they were in one or two of the cases here given. The above observation is confirmed by my friend and colleague at the Hospital, Dr. Gay, who made similar dissections on the dead body to ascertain this point.

In a case mentioned by Dr. J. C. Warren the carotid was cut at the end of the operation, and the jet of blood struck the wall. The vessel was secured, the carotid being compressed below, and the patient did well. In a second case for the removal of a scirrhus parotid, in which I assisted Dr. W., the carotid was divided and tied. Three days after, as the patient was straining at stool, the vessel gave way, and the blood struck the ceiling. He almost at once fainted, and the friends were fortunately sufficiently cool to place a sponge in the wound, and to check the flow partially. I was called, and at once cut down upon the carotid in the neck, tied it, and stopped the further effusion of blood. Bérard, in his monograph on this subject, mentions many instances of removal of this gland without ligature of the carotid.

The following cases, one of which has already been published in this Journal, are interesting as illustrative of the above facts, and also from some peculiarities in the nature of the tumors themselves.

CASE I.—A young married woman entered the Hospital in April, 1847, with a tumor of the parotid gland of one year's duration. Eight years previously she had a tumor below and behind the right ear, which was very hard and occasionally painful; the integument was not discolored. At the end of four years, having attained the size of a robin's egg, it was removed. The wound, she thinks, never cicatrized; and in four months, the tumor having re-appeared in the midst of the scar, was again removed. Its character was similar to the preceding, with the exception that the

surface was nodulated. The wound healed as usual, but the cicatrix remained very red. The present tumor began to form about a year since in the same place, and is now as large as a pullet's egg, projecting an inch, with a surface nodulated and red. Commencing below the ear, it proceeds upward and forward to about half an inch in front of the meatus.

On the first day of May, the patient being etherized, the diseased mass was surrounded by an elliptical incision. From the situation of the disease the dissection was made very slowly, requiring nearly an hour for the operation. At the lower part was a firm adhesion to the fibres of the sterno-mastoid, a portion of which muscle was removed. At the upper part it was necessary to carry the dissection down to the articulation of the jaw, below and behind the angle of which the disease descended deeply, rendering necessary the exposure of the tendon of the digastricus. On raising the tumor to continue the deep dissection, violent efforts at vomiting, difficulty of breathing, and convulsive retchings from the traction exercised on the deep nerves came on, so that it was necessary to desist, and destroy the small portion of the base of the tumor with the hot iron. A few ligatures were applied, and the wound, measuring three inches and a half vertically by two transversely, was covered by a wet cloth. The growth measured vertically three inches. The face was more or less paralyzed after the operation.

This lady was discharged from the Hospital on the 18th of June, all the disease being apparently removed, and the whole wound reduced to a diameter of one third of an inch. In the middle of September following a letter was received, saying that the patient remained well, and the wound was healed.

CASE II.—A robust, hearty-looking man belonging to the State of Maine, about 34 years old, consulted me for a tumor in the right parotid gland. Twenty years before a tumor had been removed from the same situation, which soon re-appeared as a small, hard tubercle under the ear. After remaining stationary fifteen years it increased, till at the time of his visit it had attained the size of a hen's egg, was of a bluish color, lobulated, and having a hard base surrounded by small cysts, pushing upward the lobe of the ear, and extending inward so as to involve the lower half of the parotid gland. Upon consultation, it was thought best to attempt its removal without ligature of the carotid.

The patient being under the influence of ether, the tumor was removed by a very slow and careful dissection; its base had undergone osseous degeneration, and involved the facial nerve, causing a paralysis of his face. In a week he was able to return home.

CASE III.—The patient was a farmer, 52 years old. Twenty-five years ago a tumor made its appearance in front of the ear. This imperceptibly increased, giving him no pain or inconvenience

until two months since, when it was injured by a blow, and since then has rapidly increased in size. The night after the blow, he perceived that there was some insensibility in the skin in front of the tumor. For some time past he has been unable to close the right eye. "Now, there is an oval, prominent, even, well-defined tumor in front of the right ear, overlying the ramus of the lower jaw, and occupying the position of the parotid gland. Its long axis is parallel with a line drawn from the angle of the jaw to the external angle of the orbit. Its greatest length is three inches, width two inches. Upper margin is on a level with the angle of the eye; lower margin with the angle of the jaw; posterior is overlapped by external ear. Integument is movable; not discolored. Tumor is of firm consistence; not tender on pressure; not attached to bone, yet but slightly movable. Does not move with lower jaw; cannot be felt in mouth. There is much numbness of cheek in front, and a dull, but not severe pain in the tumor itself." —(*Hospital Record.*)

When the patient entered the Hospital, one or two glands in the neighborhood of the tumor were enlarged, apparently from the effect of some irritating application he had made for the purpose of discussing it. Under treatment, these, with one exception, disappeared. He was extremely desirous of having the tumor removed, and on a consultation of the surgeons it was decided that the attempt should be made.

The patient being etherized with chloric ether, an incision was made from just above the superior border of the tumor to a little below its inferior part. This was crossed by another incision commencing at the mastoid process, and terminating on the cheek. The fibrous capsule of the gland was now cut into, and the tumor gradually loosened by dissecting carefully around its circumference. Its adhesions were so close, and the texture so firm, that it was found impossible to proceed but with great caution; the vessels that were divided under the edges of the tumor being secured with much difficulty. The tumor was first loosened from its attachment to the zygomatic process, then dissected from the masseter muscle, the transverse facial artery and the parotid duct being cut away at this stage of the dissection. It was next detached from its firm adhesions to the sterno-mastoid muscle and mastoid process, and its adhesions to the ear cut off. Finally, by means of the blade and handle of the knife it was separated, from before backward, from the great artery and vein which lay imbedded in its posterior wall, the latter being cut and tied. Four or five arteries required ligatures. An enlarged gland in the neighborhood was removed separately from the tumor.

The mouth was found paralyzed after the operation. The eye, which the patient was unable to close before, either in sleep or when awake, was found, a few days subsequent to the removal of



the tumor, to drop down so as partially to cover the eyeball when he was asleep.

An examination of the tumor, after its removal, showed it to be the parotid in a scirrhus state, the microscope disclosing an abundance of cancerous cells; with it was included a lymphatic gland imbedded in its lower and under portion.

The presence of the parotid duct and the facial nerve in the tumor now shown, together with its anatomical relations, left no doubt as to the organ diseased.

CASE IV.—*Melanotic Disease of the Parotid Gland.* C. L., a seaman from Maine, unmarried, 25 years of age, entered the Hospital in 1852 with a melanotic tumor. For three years previous he had had a small black fungus upon the right cheek in front of the ear, and about a year previous the glands of the neck became somewhat irritated.

At the time of his admission there was an irregular, lobular tumor, the upper part of which was surmounted by a black fungus as large as a walnut, occupying the right parotid region, where it was slightly movable, but descending below and behind the angle of the jaw, where it was immovable.

The patient being under full etherization, the tumor was surrounded by an elliptical incision, and the dissection commenced. Blood, however, followed every stroke of the knife, and poured from the whole surface of the tumor, so as only to be checked, and the further prosecution of the operation allowed, by applying the freezing mixture and constant compression of the carotid. After the removal of some easily detached portions, by the advice of the surgeons present the operation was finally terminated by transfixing it at the base with a very strong double ligature, and tying it in two segments. Previously to this many ligatures were placed on bleeding vessels, and the hæmorrhage was very large; in short, wherever the tumor was cut or broken, a great amount of thick granular fluid, of a jet black color, flowed out.

Upon partial recovery from the effects of the ether, hæmorrhage from the tumor continued to such an extent as to render it necessary to again encircle the base by a strong ligature. The tumor ultimately returned.

CASE V.—A married man from Nova Scotia, 58 years of age, entered the Hospital in April, 1854, with a parotideal tumor of twenty-six years' standing. This tumor was situated on the left side, and came on without any known cause. It extended downward, lifting up the lobe of the ear, partially closing the meatus, and causing some deafness. The integument over it was injected, but not adherent. The pain for a short time had been severe, preventing sleep. It was considered of so formidable a character, that the surgeons to whom he had applied declined interfering with it.

The patient being etherized, the tumor was removed by a crucial incision through the skin, followed by a careful dissection, and was terminated without the ligature of the carotid artery. The hæmorrhage was very free, and the dissection could only be prosecuted by stopping from time to time, and applying the freezing mixture, so as to allow an inspection of the parts to be divided. It was found to consist of hypertrophied glandular tissue.

In a short time he was discharged well, and when heard from on Nov. 6th, 1856, he was in good health.

CASE VI.—Mrs. B., 37 years of age, applied to me in the month of November, 1853, with a tumor occupying the seat of the parotid gland. It had appeared first two years since in front of the ear, and in its increase had extended downward and under the ear, lifting up the lower part of that organ. It was a little movable, and did not project much from the surface beyond the surrounding parts. It appeared firmly attached below, was somewhat lobulated, and imparted a sense of elasticity to the touch. Her father died of cancer.

The tumor was exposed by a careful dissection, but on its investments being cut into, a granular matter like cancer exuded from it, and the hæmorrhage was very violent, welling up as if from the carotid, or some very large vessel. It was therefore found necessary to terminate the operation by the ligature en masse, as in the case of the melanotic affection.

The disease, examined under the microscope by Dr. Shaw, exhibited well-marked cancer-cells.

The subsequent history of the patient was not learned.

---

#### OXIDE OF ZINC FOR PROFUSE SWEATS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I was very glad to see, in your Journal of yesterday, Dr. Abbot's report of cases of "Oxide of Zinc in Night Sweats," and I hope that, like so many pictorial illustrations, they may tend more fully than a general statement of the fact to impress upon the medical public the great value of this remedy as a means of treating a most exhausting and uncomfortable symptom. Dr. A. refers to my having spoken of it at the meetings of the Medical Society; I have done so several times during the last two years, about which time I first saw it alluded to in Braithwaite's Retrospect, and I have also frequently mentioned it, as I have had an opportunity, to physicians out of town as well as in town. From my personal knowledge of the remedy, I felt it to be my duty to do so, that it was due to suffering humanity; for I fully subscribe to the strong language in which Dr. A. recommends it. During the last year I have been in attendance at the Hospital eight

months; and, as there has been an unusually large number of cases of phthisis, I have had most ample opportunities to test the powers of the zinc; and the result has fully confirmed the impressions that I received of it the previous year. It was given freely whenever there was perspiration enough to require treatment, and without any regard to the stage of the disease. Seven grains were given in substance, and generally at bed time, but in the course of the day if required; the dose being repeated in three or four hours if necessary. Sometimes ten grains were given; and I never heard the slightest complaint of any unpleasant effect from it. The medicine was given alone; and if it has any efficacy in checking perspiration, and on the other hand produces no disturbance of the system, I see no reason why anything should be added to it. Conium and hyoseyamus I have often used in various forms of disease, and in quite as large doses as they are generally used; and I have thought that bread pills would have done as much. When we are testing a new remedy, at least, it would seem best to give it in as simple a form as possible.

My object in this communication is not merely to add my testimony to that of Dr. Abbot, but to say that perspiration may probably be successfully treated by the zinc when it occurs in other diseases as well as in phthisis. It may have been so used; but if so, I have not seen any statement to that effect. Seeing no reason why it should not be so used, I prescribed it in two cases at the Hospital during the past winter, and in both of them with very marked effect. The first was that of a healthy man who was convalescing from intermittent fever; he perspired very copiously for two or three nights successively, and, having reported the fact, said that from his previous experience he knew he should have a return of his paroxysms if the symptom was not stopped. The zinc was directed, and it was stopped from that time. Secondly, a strong, healthy man, under an attack of acute rheumatism, had the profuse perspiration that so often accompanies this disease. It is well known that the patient gets no relief from this symptom; and he certainly suffers enough when his wet clothes are being removed. It seemed to be a fair case, then, for a trial of the zinc, and it was directed. The perspiration was very greatly diminished; and without any unpleasant effect, of which there certainly might have been some apprehension; the joints were no more affected, nor was the heart, of which last there had been some disturbance early in the disease. I have also seen perspiration checked under its use in a case of cancer of the womb.

The sulphate of zinc, to which Dr. Abbot refers, I have never used, nor have I heard any one here speak of it from personal experience, as a remedy for perspiration. It certainly would be proper to try it when the oxide fails, which it does, however, very rarely. As to the other means of treating the symptom in question, I have



failed so often with sulphuric acid that I have not used it for a long time; and I certainly intended to use it in sufficient doses. The rubbing over the surface of the body with oil or a solution of alum would, I should think, be a pretty severe penance in many cases of phthisis; though I am aware that both these means have been successfully used here.

Trusting that the oxide of zinc will be fairly tried by the profession as it has been recommended,

I remain yours, respectfully, J. B. S. JACKSON.

Boston, May 1st, 1857.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

APRIL 13th.—*Tumor from the back of the Head.* Dr. J. M. WARREN showed a very curious tumor, about the size and shape of the pancreas, removed from the head of a man 65 years old. It had been growing ten years, and adhered firmly to the scalp and periosteum. On being cut into, it presented a collection of cysts. The following is the report, by Dr. ELLIS, of the microscopical appearances. "The fragment of the tumor from the head consisted of a fibrous membrane, epithelium and amorphous material. The fibres of the first were quite coarse, and did not present the wavy or curled appearance of most of the fibrous tissues of the body. There were two varieties of epithelium, the cells of one being of medium size, rounded or oval, and showing a large, distinct nucleus after the addition of acetic acid. These lay in immediate contact with the membrane. The cells of the other variety were large, flattened, and more or less irregular. They made up the dull white portion, and are such as are seen in sebaceous tumors. The glue-like mass was amorphous, and contained a little cretaceous matter." This man also had on the top of his head two of the common encysted tumors of the scalp, which were removed at the same time with the other tumor.

The patient also says that, twelve years since, a tumor of a similar appearance was removed from the front part of his wrist. Shortly afterwards a fungus sprang out from that spot, and he now has, overlaying the integuments of the fore-arm, a fungoid tumor of the size of a small tomato, which has a constant purulent secretion from it. It gives him no pain, and the only inconvenience he experiences is from the friction of the clothes over it when he uses his arm. As he thinks his health has improved since the appearance of this tumor, he declines having it interfered with at present.

APRIL 13th.—*Compound Comminuted Fracture of the Leg; Anterior Tibial Artery cut off; Delirium Tremens; Erysipelas; Amputation.* Dr. J. M. WARREN reported the case, and showed the bones of the leg partially united. The patient, two months before, was brought into the Hospital with a fracture of the leg, the anterior tibial artery being cut off by the sharp edge of the broken tibia. Compression checked the

hæmorrhage. The patient was seized with delirium tremens, and threw the leg about in every direction during the paroxysms. Erysipelas came on, followed by deep-seated abscesses. By means of the most unremitting care of the limb, and good diet, with the allowance of half a pint of spirit in the twenty-four hours, the patient revived; and at one time, by giving free exit to the pus, the abscesses as they collected being laid open largely, it was hoped that the limb might be saved. Complete serous and purulent infiltration, however, ultimately came on, requiring amputation, which was practised just above the knee. On examination of the bones, the appearances presented were instructive. The fractured fibula had united two inches above the fracture of the tibia. Two inches of the upper fragment of the tibia was denuded, and the end presented a sharp cutting surface. From the upper end of the lower fragment, two arms of bone were thrown out, embracing the lower one just above the denuded part. Thus a slight support had been established, which perhaps would have become strengthened in time, if it had been possible to have brought the soft parts into a sufficiently healthy condition to have allowed of resection of the denuded bone.

APRIL 13th.—*Complete Absence of Vagina and Uterus.* Dr. J. MASON WARREN related the following very remarkable case, which had lately fallen under his notice. A patient was sent to him by a medical friend, Dr. Lane, supposed to have an occlusion of the vagina. She was 25 years of age, well developed, about five feet two or three inches in height, and had been married four years. She had never menstruated; and in this connection it might be mentioned, that her mother did not menstruate till the age of 21, after she had been married one or two years.

On examination, Dr. W. found what at first appeared to be a very small vagina, which would only admit, with much suffering to the patient, the little finger. The sensation imparted was as if the finger had passed through the tissue of an old cicatrix. Supposing this to be the vagina contracted from some inflammatory process, which had occurred at an early period of life, she was advised to go into the Hospital for further investigation. Having entered this institution, after the lapse of a few days the patient was etherized previous to an examination, both to save her feelings on the score of delicacy, and also to allow of any surgical operation, if one should be deemed necessary.

On inspection the breasts were found to be well developed. The external organs of generation, the clitoris, nymphæ, &c., were normal; there was hair on the pubes. In the situation usually occupied by the vagina was an aperture large enough to admit the little finger, leading to a cul de sac beyond. No urethra could be found; and this aroused suspicion as to the true nature of the case. The finger was now passed into the canal, and the other hand being placed on the external walls of the abdomen, it was evident that both coverings, or rather both walls of the bladder, were not embraced between them. The finger being withdrawn, and a catheter introduced, the urine at once flowed through it, showing conclusively that this was the bladder, and that the finger had been passed through the dilated urethra. The finger being now introduced again as before, and a finger of the other hand passed into the rectum, no traces of vagina or uterus could be found; while the fore-finger of the left hand in the rectum could be

hooked, as it were, into the cul de sac of the peritoneum, and this dragged down nearly to the anus.

From the result of this examination, it was at once evident that no surgical operation could be of any benefit. Dr. Warren was disposed, however, to keep her under observation until the next menstrual effort; which, according to the patient's account, took place monthly, and was announced by pain in the back lasting four or five days. In case any rudiment of the uterus existed, it was thought probable it would be manifested at that time. She was therefore advised to remain in the Hospital to afford further observation of the case.

At the stated period, the usual pains came on at the lower part of the back and loins. On the second day she was again placed under the influence of ether, and was examined by Drs. Channing, Homans, Gould, Ware, Clarke and Gay. None of these gentlemen could detect the slightest evidence of the uterus, or of any pelvic or abdominal tumor, although the complete muscular relaxation from the ether allowed the finger to be forced high up into the pelvic cavity.

The above case is interesting from the fact, that the patient presented perfect external development, accompanied by the usual sexual feelings, with a complete absence of two of the important organs engaged in the sexual functions. It may be added that no vicarious discharge of any description supplied the place of the menstrual secretion.

The case of a young woman may here be mentioned who consulted Dr. Warren some years since, and who had never menstruated. A sound was passed into the uterus, but no obstruction was detected. This patient had a vicarious bloody discharge from the rectum once in six weeks, lasting some days. Development and sexual feelings were normal.

*Occlusion of the Vagina; Retention of the Menstrual Fluid.*—Miss A., 16 years old, was first taken about two years since with pains in the back and loins, such as precede the menstrual flux, which did not, however, appear. The pains have been repeated every month since, and have usually lasted three or four days. In January last, Dr. COTTING, of Roxbury, was called to her for a retention of urine, which was relieved by the use of the catheter. The same thing occurred in February and March. In April, while passing the catheter, it was found to encounter a resisting substance, and in order to get it into the bladder it was necessary greatly to depress the handle and elevate the point, to surmount the obstacle. Dr. C. then made a further examination, and discovered a round, hard tumor in the abdomen, and another projection into the rectum.

This patient was seen by Dr. Warren, with Dr. Cotting, on the 26th of April, who confirmed Dr. C.'s opinion as to an occlusion of the vagina, and a great collection of the menstrual fluid in the uterus. It being inconvenient to treat the patient at her own home, it was decided by the friends to send her to the Hospital where she might be under Dr. W.'s care.

Previous to the operation the following were the phenomena elicited by an examination. A cul de sac about half an inch in depth constituted the vagina, at the lower part of which was a white line, or puckering, perhaps a cicatrix, the result of some previous inflamma-



tion. A catheter could not be passed directly into the bladder, as it encountered an elastic substance, and it was necessary to elevate the instrument almost perpendicularly to introduce it into that cavity. In the rectum a large tumor was to be felt, two inches or more from the anus, nearly filling the pelvis. It was almost as hard as a fibrous tumor, and not elastic. A large tumor could be distinguished in the abdomen, extending just above the umbilicus, and the patient said that occasionally she could feel two lateral tumors. During the past month the pains had been incessant, as if for the expulsion of some substance from the body. The sister states, in explanation of the cause of the obliteration, that she had heard the parents say, that for a long time when the child was two or three years old it had been affected by an ulcer in that region.

The patient being etherized, and the bladder emptied, a free transverse incision was made across the cul de sac, and with a little dissection a delicate bladder-like substance was brought into view. Pressure being now made on the abdomen, and the pelvic tumor made tense so as to project through the incision, a large trocar was plunged into the cavity, and at once a thick, tarry fluid began to flow slowly out. The finger was now gradually insinuated, a bistoury introduced, and the opening enlarged so as to leave no feeling of constriction in any direction. The fore-finger being passed freely into the cavity could detect no sac, but the walls of the pelvis could be felt on all sides, the collection of fluid having been so great as to distend the uterus to its utmost capacity, and render its walls so thin that they could scarcely be distinguished. She was placed in bed, and the fluid allowed to escape gradually, which it continued to do during the day. About a quart of fluid escaped, which at once coagulated, expelling but little serum. Dr. ELLIS made the following microscopic observations. "The menstrual fluid removed from the vagina contained epithelium cells: yellow, granular corpuscles, of various sizes; blood globules, evidently recent; and very small, translucent globules with distinct, though pale, outlines." On the following and second days the os uteri was observed to be slowly forming itself, and the thick walls of the uterus could be detected.

The patient is now rapidly recovering.

Dr. H. J. BIGELOW mentioned the case of a young lady who was subject to a monthly feeling of fulness, unaccompanied by any menstrual discharge. On examination, there was found an obliterated vagina, this ending in a cul de sac an inch deep. Dr. B. supposed the uterus to exist, and to be pushed up by a large sac of menstrual fluid. He found that a sound passed into the bladder could be felt in the rectum, for an inch and a half, a membranous wall alone intervening, which proved that the vagina was congenitally obliterated to that extent, and that its two imperforate extremities were at a distance from each other and not in contact. Under these circumstances he advised delay of operation for a time, to ascertain whether the increased distension of the upper sac would not bring it more immediately in contact with the lower cul de sac, and thus render the operation more practicable and safe.

APRIL 27th.—*Discharge from the Vagina of numerous large bodies of Epithelial Formation.* Dr. JACKSON showed the specimens, which were brought to him by Mr. T. H. Gibby, of Nashua, N. H., a member of the late medical class. The patient is about 44 years of age, a

pallid, fleshy, bloated-looking woman, who had never enjoyed good health, exceedingly nervous, and subject to a variety of anomalous and distressing complaints. She was married a few years ago, but never has had sexual intercourse on account of a contracted state of the vagina. Since her marriage she was treated by an empiric for about eighteen months, and used occasionally strong vaginal injections. During this time mainly the bodies referred to were passed, a few having been passed last autumn; the number altogether has been ninety-six. For the first three months, they came away with regularity once a month; afterward more frequently, and at last several were passed in a week. The three or four specimens shown to the Society, look much as if they might be casts of the interior of the fundus and body of the uterus, being from about  $2\frac{1}{2}$  to 3 inches in length,  $1\frac{1}{2}$  inches in width, and from  $\frac{1}{4}$  to  $\frac{1}{2}$  inch in thickness; rounded at one end, with almost a smooth regularity, but having a rough torn look at the other extremity; the surfaces are nearly regular; they are fleshy to the feel and to the naked eye, and look as if they might consist of packages of thin membranes closely compressed. The first that passed were larger than any that have passed since; but the specimens now shown are of about the average size. These last are quite opaque and have somewhat of a reddish discoloration, being, as the patient says, stained by the injections that she has used; she reports them, however, as having a pearly, semi-transparent appearance when passed.

Menstruation in this case commenced at the age of 19, has been generally more or less irregular, and has been entirely absent since about two years before the discharge of the bodies just described. She had had much dysuria for many years, with bearing-down lumbar pain, but not much leucorrhœa.

Dr. SHAW stated that these masses were composed of epithelium, such as is found lining the vagina, viz., large nucleated scales. Each layer was of about the thickness of a lettuce leaf, and much resembled this plant in being dark colored externally and lighter internally. What change, however, had been effected by the spirit in which they had been preserved, is unknown. There were apparently several layers, reflected upon themselves in all directions, but it is not impossible that they might have been resolved into one. The masses were flat, rounded and smooth at one extremity, and presented the free, rough ends of the layers at the other—in form like the vagina. A fragment of lymph imbedding pus-corpuscles was traced from the surface of one into its interior. Upon chemical examination they likewise proved to be animal growths.

Dr. BACON stated that the chemical re-actions prove the absence of cellulose, of which vegetable cellular tissue is composed; and indicate that the substance is albuminous, or belongs to the so-called protein group of bodies. As the albuminous bodies in plants never form cell-walls, and the substance in question has the microscopic characters of epithelial tissue, which is albuminous, there can be no doubt of its animal origin.

## Bibliographical Notices.

---

*The Physiological Anatomy and Physiology of Man.*—By ROB'T BENTLY TODD, M.D., F.R.S., Prof. of Physiology in King's College, London; and WILLIAM BOWMAN, F.R.S., Demonstrator of Anatomy in King's College, London. Philadelphia: Blanchard and Lea. 1857. 8vo. pp. 900.

It is always a pleasure to receive, to read, to notice, to commend a genuine book. And such a book is this before us, which, after twelve years waiting, has at length crowned its tardy pages with the *Finis* and the Index.

It may be asked what we mean by a genuine book. Let us say, in the first place, what we do not mean. We do not mean one which is written by a teacher because he knows he can turn an honest penny by making his class buy it. Nor one which is put together of old materials for the sake of the advertisement afforded by its title page. Still less one, which, having been so patched up by some foreign drudge, is caught at by an "American Editor," who having added thereto a note of interrogation in brackets, a "Qu. ? Am. Ed.," a questionable item from a German Journal (quoted from the *Periscope* of a well-known Reprint)—a Preface, large-typed and double-ledged, and finally the Editorial Name, is paraded before as in that pale or peppered sheepskin which is the chosen livery of these parasites—the acari bred by the itching palms of publishers, the guinea-worms that have so burrowed into our Medical Literature.

A genuine book is one written by a man (*ou autre*) because he knows something worth telling that has not been told. Of twenty books or of twenty professorial lectures, possibly one may meet this definition. In all the others, the writer or speaker does not write or speak because he knows, but knows solely in order that he may write or speak. The *vis a tergo* is to the *vis a fronte* in the ratio of one to twenty. Teachers who are also authors are particularly given to be thus dragged into book-making by their position, instead of being pushed into it by the stores they have heaped up and must get rid of. It is a comfort to lift a book as heavy as this one, and to feel that every page is full of honest investigation and sound thought. It is a delight to have such a noble work without any parasitical addenda clinging to it—no pediculus in the title page—no pulex in the shape of a teasing foot-note—no ascaris in the form of an appendix. Twelve years of labor spent by two true men, observers and thinkers, did not require twelve hours revision to fit their product for the eyes of American readers. Physiology and anatomy do not grow so much older in a fortnight, that the sheets printed in London are obsolete when they arrive at New York. A few degrees of longitude and latitude do not change the laws of life, as they do (or ought to) the laws of light in Mr. Hedgecock's quadrant.

The Roman severity of the preceding passages comes less ungraciously when a guileless book is before our critical tribunal, than if we had a shameless offender in hand. Besides, we can make allowances. We do not affirm that it is always and necessarily an outrage to ride on the croup of a horse that another man has caught and saddled and mounted. We confess to having held hard upon the tail of a mule in



ascending the side of Mont Blanc, having no beast to stride, and being scant o' breath, like Hamlet. And so, in climbing "the steep where Fame's proud temple," and so forth, it may be allowable to ride double if there is a good chance to jump up behind a well-seated rider, or even to catch hold of any caudate celebrity within reach, and thus "tail" our way up to immortality. We do not say we should not under any circumstances do it, nor that we may not have done it. None the less are we grateful for this fair title-page and these unannotated paragraphs.

Besides several treatises first published in this country, and innumerable compilations of all grades of completeness and adaptation to popular wants, we have three English works on physiology naturalized among us. These are the *Manual of Kirkes and Paget*, the larger *Treatise of Carpenter*, and the work before us.

The excellence of the first is in its compactness, its clearness, and its carefully cited authorities. It is the most convenient of text-books. Teachers soon learn to stick to the essentials, as our lost medical hero tells us that he came at last to a fur bag and a ball of walrus-meat for his sledging outfit. These gentlemen, Messrs. Kirkes and Paget, have really an immense talent for silence, which is not so common or so cheap as prating people fancy. They have the gift of telling us what we want to know, without thinking it necessary to tell us all they know. Their book is rather short as a compendium of a great science, it is true—so were Boerhaave's *Institutes of Medicine*, and yet Van Swieten wrote volumes on them, and the world of medical scholars flocked to Leyden to sit at their author's feet. The worst of this and of all these school-books and manuals is, that they fall behind-hand in a few years, and are never brought well up to the time in second and subsequent editions. The plain truth is, we suppose, that they are stereotyped, and it is a trouble to make any important alterations.

Dr. Carpenter began with a *Treatise*, and has ended with a *Cyclopedia*. Stratum after stratum has been deposited on the original mass, until, at length, we can hardly recognize the primitive formation. The change from the *Lover* to the *Justice* in the "*Seven Ages*" is hardly greater than that which the genteel young octavo has undergone in passing to its present mediæval corpulence. As a text-book, for recitations, for the purposes of a mere manual, it is spoiled. Full of facts borrowed from comparative anatomy, from botany, from medical practice, large in its aim, philosophical in its spirit, always candid, often original and ingenious, there is too much of argument and of illustration from realms of nature with which the student may be little acquainted, to fit the book for his pocket-companion, unless his pockets are panniers and his memory is a drag-net. To the practitioner and the more advanced student it is of great value as a work for study and consultation, but the tyro is embarrassed by its opulence and perplexed by the multiplicity of questions it suggests. It is only truth to say also that Dr. Carpenter is more a thinker than an observer, and born for an author, as much as for either. He rarely verifies the statements he repeats. He much more frequently illuminates them with the light of new analogies, or suggests inventive trains of thought which others had failed to find in them. He always writes like a well-bred scholar, with dignity, with elegance, with high purpose, with happy turns of language, and felicitous choice or invention of terms.

His books, and especially the "Principles," to which we have specially referred, deserve their popularity at home and with us, and yet leave room for a briefer Manual, like that of Kirkes and Paget, on the one hand, and a work like that which we have before us on the other.

The "Physiological Anatomy and Physiology of Man," of Messrs. Todd and Bowman, indicates by its title one of its peculiar distinctions. It professes to give the details of structure of the parts, the functions of which it describes. And these anatomical descriptions and illustrations are many of them original, and when borrowed bear the marks of having been carefully verified by the authors themselves. The structure of the kidney, for instance, and the account and delineation of the compound papillæ of the tongue, are the fruits of original and fortunate researches. Very many of the illustrations have become classical, as it were, by frequent repetition. The brief sketches of the comparative anatomy of the different organs and systems are given in just the way to make them most serviceable. The student of *human* physiology, as such, does not wish to be perplexed with all the morphological details that belong to the special student of comparative anatomy. What he wants is a clear notion of the plan of formation of the different organisms, and the essential deviations, degradations or developments of the parts which perform a given office, contrasted with the human typical standard. This is just what these authors have furnished him.

It has pleased us to find repeated references to the illustrious name of Haller. The authors profess to have followed the example of that "Great Master" in giving prominence to the anatomical aspect of their subject. To walk in his footsteps, even at a humble distance, is a pledge of excellence. The "*Elementa Physiologiæ*" stands unrivalled still in the midst of the library of physiological treatises that have succeeded it. The experiments and researches of successive generations of students of nature have cleared up much that was doubtful for Haller, and called in question much that he accepted. The microscope has found a new universe among the atoms, as the telescope has revealed new systems of worlds beyond our constellations. Every student that can get a look through a hundred-franc instrument, may see in clear and unmistakable outline those elements of the living system that were utterly beyond the reach of the Great Master's means of investigation. "*Non ideo tamen quemquam refutavero, qui felicius ea viderit quæ meos veri cupidos oculos fugerunt.*" He is speaking of the blood corpuscles.

"Prophets and kings desired it long,  
But died without the sight."

But for all the advances of science, we look in vain through the whole range of medical authorship for any name to place beside that of Haller. No other has combined so much of learning, industry, and capacity for observation, with the graces of a style which lends a charm to all that it touches. Without pretending to approach the great monumental work of the last century, the "Physiological Anatomy" is conceived in the same spirit of combining original research with borrowed erudition. But while Haller swept the whole ocean of medical literature in his exhausting bibliographies and omnivorous footnotes, our authors have very wisely contented themselves with a limited number of well-chosen references. They have written with a thought-

ful consideration for the student, who can rarely command very extensive libraries, and is always too much pressed for time to track his text-book through a long trail of authorities. If the learner would have a wider range of references, he can go to Muller or to Burdach; but for any all-embracing digest of what is known, and a statement of all the sources from which the knowledge is derived, he must wait until a second Haller comes to astonish his century.

We have said or implied enough in praise of this work of the London professors. It is good, not only because it is fresh and sound and clear, but because it is filled with the true spirit of observation. This is what we most need among ourselves. It is remarkable how few contributions have been made in this country to physiological science. We do not forget that Dr. Mitchell followed out many of Dutrochet's interesting experiments. We concede the highest praise to our students of ethnology—to Dr. Morton, Dr. Pickering and their fellow-workers. We accept the labors of such men as Professors Leidy, Wyman, Dalton, as evidence that American science is not necessarily to be an electrototype from that of the other hemisphere. We know that we lost in Dr. Waldo Burnett as enthusiastic and independent a student of nature as any that the older civilizations could send us. But still it is too true that our great want in physiological science is the spirit of observation. We have been nursed on a foreign literature and science. Our native opossums have hardly led a more marsupial existence. We have repeated and aped all the phases of a foreign culture, and hung to its garments with the tenacity of overgrown infants. Our own prehensile-tailed simiæ could hardly be more imitative or gifted with more flexible and tenacious organs of appropriation. We say this not ill-naturedly, for we believe that the conditions of our society naturally tended to such a result, and we look forward confidently to a great change in the course of another generation. We are just beginning to find out that when a planet is turned over and shows a new side, we must study it in all its aspects without constant reference to the old maps to teach us what we are to see. We are finding out, too, that there is no natural incapacity which obliges us to see with other people's eyes. First came religious emancipation. Then political emancipation followed. Literary and scientific emancipation must come next. Last of all, we cannot help adding, true social freedom, or the thorough independence of daily life, which ought to be the corollary of our republican systems, will come in due time, or our colonization is an *error loci*, and America is no place for white men.

Returning from which anastomotic digression, we assure the American student that the "Physiological Anatomy" will not only teach him facts, but will help to make a man of him. It will teach him that Nature is always new to those who will look at her without borrowing other people's smoked glasses. The only regret we feel at offering it to him, is that we do not make such text-books as this for ourselves, instead of borrowing them from the old country. Patience, however, and we will have them before the heads of our younger brethren have grown white with years—say rather purple with second youth.

O. W. H.



---

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

---

 BOSTON, MAY 14, 1857.
 

---

## THE SICKNESS AT THE NATIONAL HOTEL.

THE *Evening Transcript* of May 1, publishes a letter from Dr. C. T. Jackson on the subject of the late sickness at the National Hotel at Washington. Dr. Jackson was at Washington in the month of March, and had an opportunity of observing one of the cases daily. From all that he could learn respecting the disease, and from what he witnessed with his own eyes, he is of the opinion that none of the victims were suffering from the effects of mineral poison, but that the symptoms were the result of the inhalation of foul air from the drains of the hotel. There is abundant evidence to show that the air of the house *was* poisoned by these gaseous emanations, and that the greater portion of the sickness arose from this cause. At the same time we see no reason to doubt that some of the unfortunate inmates of the hotel were actually made sick by minute doses of arsenic. We have conversed with a very intelligent gentleman of this city who was so unlucky as to stop at the National Hotel. He exhibited several of the symptoms of arsenical poisoning, which lasted for many days, while his wife, who was travelling with him, after suffering a short time in a similar manner, was attacked with typhoid fever of the severest form. In this case, it is probable that had the lady been out doors as much as her husband, she might have escaped with only the arsenical symptoms. One thing is certain, that the epidemic is a lamentable example of the effects of neglect of the most obvious hygienic rules; but how long will the example be remembered, except by the victims or their friends?

---

 THE CITY HOSPITAL.

THE following communication cannot fail to command attention, coming as it does from one who is probably better acquainted than any other person with the subject of hospital accommodation in the city. We fully coincide with the opinion of the writer that the new hospital should be wholly free. No increased accommodation is required for paying patients. What we want, is, a hospital for the poor, including lying-in women, and patients with contagious disease, which cannot be admitted into the Mass. General Hospital.

MESSRS. EDITORS,—In common with many others in this community, I have felt great interest in the subject of a Free Hospital, now under consideration by the City Government. Not the least doubt exists in my mind of the great importance of the proposed institution. If my own experience had not satisfied me of this, the perusal of the letters of the physicians of the Boston Dispensary, which has been kindly allowed me, would be quite sufficient to remove any doubts on the subject. I am most thoroughly convinced of the immediate pressing necessity of a "free hospital, where those persons among the industrious poor, who from misfortune or lack of employment, are unable to meet the common expenses incident to sickness, shall be received and treated gratuitously." I borrow these words almost exactly from the memorial of the Boston physicians.

Under these circumstances, I have read with much interest the able and elaborate Report of the Joint Special Committee of the City Government presented to the Board of Aldermen, April 17th. I am glad to find so hearty a concurrence on the part of the

City Authorities with the community at large in this important matter. I suppose the establishment of a new hospital may be looked upon as a settled thing. The precise nature of the institution—what class of patients shall be admitted to it—is a matter yet to be determined; and it is upon this subject that I ask permission to occupy a brief space in your pages. I am desirous of doing so, because there are certain passages in the Report which give an erroneous impression as to the sufficiency of existing institutions to meet the wants of certain classes in the community, which ought to be corrected. On page 5 of the Report, I find the following passages.

“Hence, we would not have this a hospital for the reception of the degraded victims of vice and intemperance, or a home for the hopeless pauper; but we would have it regarded as an asylum for the industrious and honest mechanic and laborer, who *by sudden injury* or disease is temporarily prevented from laboring for the support of himself and family; and who by proper care and medical treatment, may have his sufferings alleviated, and be sooner restored to his health and his family, and enabled to resume his labor.

“We would have it a home, to which the respectable domestic may be sent, when struck down by sickness, whose attic chambers cannot be made comfortable, and who cannot receive the requisite attendance, however well-disposed may be the family in which she resides. We would open its doors to the stranger overtaken by disease, when absent from friends and home, and to all others among the various classes of society who in sickness require that comfort and medical advice which their means and homes cannot afford.”

Most persons, on reading the above, would conclude that the provision for the classes alluded to in institutions now existing is quite insufficient, or absolutely nothing. It is this impression which I wish to correct, as it must have an important bearing upon the question of the class of patients for whom a new hospital is required.

I would state, therefore, that during the past year the whole number of applicants for admission to the Mass. General Hospital, who were unable to enter for want of a free bed, was only 88. I am aware that this does not give a fair impression of the number of persons who were in need of hospital assistance, who could not obtain it. Doubtless many, under the feeling that an application for admission would be useless, did not make the attempt. But one class alluded to in the Report, that of *persons suffering from sudden injury*, was most fully provided for. *Not a single individual* suffering from such a cause, if taken to the Hospital at once—that is, within twelve hours if a resident of Boston, within twenty-four hours if a non-resident—is ever refused admission. During 1856, 202 such patients were admitted. The provision for men suffering from diseases of various kinds is not so ample. Undoubtedly larger accommodation for this important class is needed, and ought to be provided in some way.

The next class referred to in the Report, is that of respectable female domestics, who cannot be made comfortable when sick in the apartments they usually occupy; a class certainly most deserving of charitable consideration. On page 10 of the Report the statement of an eminent and highly respected physician is quoted, to the effect that he is called in the course of each year to many of this class, whose employers are compelled, for want of better accommodation, to send them to the pauper hospital at Deer Island.

This statement deserves attention. The class of patients alluded to, perhaps above all others, is that for which the Mass. General Hospital was intended. They have always been the objects of special consideration on the part of the Trustees, and they constitute a large proportion of those admitted to its privileges. It is certainly a surprise to those conversant with the workings of the institution, to learn that it fails to so great a degree, in the opinion of those whose opinion is so worthy of respect, to meet the wants of so valuable and deserving a class. From the statistics in my possession, I should have come to a very different conclusion. On turning to my record of applications and admissions, I find that during the year 1856, only *eleven* female applicants were unable to gain admission to the Hospital for want of a free bed; while, on the other hand, of the four hundred and twenty-seven female applicants, *one hundred and forty-five* of those admitted were domestics. Of the eleven who failed to get admission, *four* only were domestics; and one of these was a non-resident of Boston. Two of the others had been inmates of the Hospital within a year, one of them for several months. It is quite possible—the evidence of the gentleman referred to would seem to make it certain—that there were during the year many sick female domestics who wished to obtain admittance to the Hospital and *did not*. This was not because they *could not*, but because they *did not make application*. There was scarcely a day during the year when a dozen more of such patients, at least, could not have found accommodation within its walls. It is unjust to urge the plea for a new hospital for such pa-

tients, on the ground of insufficiency of the one now existing, when not even an effort was made to determine the fact. As a general conclusion, then, it is fair to believe, that the class of patients spoken of is amply provided for in the Mass. General Hospital. It is not for them that a new hospital is required.

Another erroneous impression is made use of, on page 6 of the Report, as an argument in favor of a new hospital. The opinion of a valuable city officer, now one of the surgeons of the Mass. General Hospital, given in 1849, is quoted in the following words. "I suppose that more than three fourths of its beds [those of the Mass. Gen. Hospital] are filled with patients from out of town." Now the fact is just the reverse, and was so then. I find, on consulting my record of applications, that of 5,972 applicants during the past five years, 3936, or about two thirds, were residents of Boston.

I have thought it important to make these statements concerning the Report of the Committee, because it has seemed to me that the tendency and whole spirit of the document is such as to lead to the impression that a new hospital is required in Boston, different from that which seems to me to be demanded; and quite different from that petitioned for in the memorial of the Boston physicians, and signed by all of the physicians and surgeons of the Mass. General Hospital, to whom it was presented. A *free hospital*—a *charity hospital*—such as exists in other cities, is needed within the limits of the city proper; one that shall receive all the sick now sent to Deer Island, and many more. The unfortunate laborer suffering from erysipelas, smallpox, fever in any of its forms, acute pulmonary disease—these, and many others now treated imperfectly and unsatisfactorily by our worthy Dispensary physicians, present a claim for speedy relief which should not be suffered to pass unanswered.

S. L. ABBOT,

*Admitting Physician of Mass. Gen. Hospital.*

#### HYDRATE OF POTASH.

MESSRS. EDITORS,—In the number of your Journal issued April 30th, are a few lines under the head of "Correction," referring to an unintentional statement in the previous number that there is no such thing as hydrate of potash. In the correction it is stated that though there is a hydrate of potash, it "is never employed *internally* in medicine." Now the liquor potassæ (a simple solution of the hydrate) is continually employed as an internal remedy, as all apothecaries are aware, especially those in sea-port towns. The confusion of the hydrate with the hydriodate of potassa, certainly need never occur, were it not for the custom, common with many physicians, of writing for the hydriodate, thus, "R. Hyd. pot., ʒi," and this, as far as the contraction is concerned, might as well refer to the one as to the other. In this connection, if you will allow me, I should like to attract attention to the practice of writing "quinia," and "morphia," for sulphate of quinia and sulphate of morphia, especially as the alkaloid morphia is sometimes written for, when the sulphate is not the article wanted. Recently, "syrup of morphia" is much written for, and although I believe I have searched pretty faithfully, I have been entirely unable to find any formula for it. The English, Irish and Scotch recipes, which now and then find their way to this country, being usually written in good Latin and in accordance with their respective standard pharmaceutical works, are put up in this country without difficulty; but I fear that many of the New England prescriptions would prove unintelligible to a person not familiar with the peculiarities of this region.

A. S. W.

*Cambridge, May, 1857.*

*Health of the City.*—Only four deaths from scarlatina were recorded during the past week, being exactly the number for the corresponding week of 1856. The deaths by consumption are also the same for the two weeks. There was a total mortality of 74 last year; thus there appears to be a striking coincidence between the mortality at the present time, and that of the same season a year ago.

*Communications Received.*—Cases of Puerperal Fever.—Spiritualism.—Transactions of the Providence Medical Association.

*Books and Pamphlets Received.*—Transactions of the Academy of Science of St. Louis.

*Deaths in Boston* for the week ending Saturday noon, May 9th, 70. Males, 33—Females, 37.—Accident, 2—apoplexy, 3—inflammation of the brain, 1—cancer in the stomach, 1—consumption, 15—convulsions, 2—croup, 2—colic, 1—dysentery, 2—dropsy in head, 2—drowned, 1—debility, 2—infantile diseases, 5—puerperal, 1—gravel, 1—erysipelas, 1—typhoid fever, 1—scarlet fever, 4—influenza, 1—hæmorrhage of the lungs, 1—intemperance, 2—inflammation of the lungs, 3—disease of the liver, 2—marasmus, 2—neuralgia, 1—scalded, 1—scrofula, 2—suicide, 2—teething, 3—unknown, 2—whooping cough, 1.

Under 5 years, 23—between 5 and 20 years, 5—between 20 and 40 years, 14—between 40 and 60 years, 16—above 60 years, 7. Born in the United States, 50—Ireland, 14—other places, 6.



## SUFFOLK DISTRICT MEDICAL SOCIETY.

MESSRS. EDITORS,—The following is a corrected list of the officers of the Suffolk District Medical Society for 1857, chosen at the annual meeting.

Yours truly,

CHAS. D. HOMANS.

*President*, Walter Chauning; *Vice President*, Henry I. Bowditch; *Secretary*, Charles D. Homans; *Treasurer*, Abraham A. Watson; *Librarian*, William E. Coale; *Supervisors*, Samuel Cabot, William J. Dale; *Commissioner of Trials*, Ephraim Buck.

*Councillors of the Mass. Medical Society*—Jacob Bigelow, George Hayward, Ephraim Buck, John Ware, John Jeffries, Winslow Lewis, D. H. Storer, John Eliot, Charles G. Putnam, Henry Dyer, Abraham A. Watson, Augustus A. Gould, Charles H. Stedman, Ezra Palmer, Jr., George Bartlett, M. S. Perry, J. B. S. Jackson, N. B. Shurtleff, Charles Gordon, Henry G. Clark, Henry I. Bowditch, J. Mason Warren, George A. Bethune, Silas Durkee, Charles Chase, Charles E. Ware, Phineas M. Crane, James Ayer, William E. Coale, John B. Alley.

*Censors for Suffolk District*.—Phineas M. Crane, Charles G. Putnam, William E. Coale, William W. Morland, Henry W. Williams

*Hampden District Medical Society*.—At the annual meeting of this Association, held in Springfield, May 5th, the following persons were chosen officers for the ensuing year: Dr. Nathan Adams, of Springfield, *President*; Dr. Thaddeus K. De Wolf, of Chester, *Vice President*; Dr. George A. Otis, of Springfield, *Secretary and Treasurer*; Drs. C. C. Chaffee, Alfred Lambert, T. K. De Wolf, and Alexander McLean, *Councillors*; Drs. David P. Smith and Henry R. Vaille, of Springfield, Wm. Holbrook, of Palmer, Nathaniel Downes, of West Springfield, and Smith, of Monson, *Censors*; Dr. Wm. Bridgman, of Springfield, *Commiss. on Trials*.

*Delegate from New Orleans to the Quarantine Convention*.—We are pleased to learn from the *New Orleans Daily Creole* of April 25th, that the Mayor of that city has appointed Dr. E. H. Barton as one of the Convention in Philadelphia which was to have assembled yesterday. The *Creole* remarks on this appointment:—"This selection, we cannot but believe, will meet with the general approval of the entire community. The recognition of peculiar fitness in this gentleman is as honorable to the appointing power as to the recipient of the trust.

"In this whole connection we cannot but give expression to the general approval of the action of our Mayor, who has shown a regard for the best interests of this city in recommending a representation in the convention. The prosperity of our commerce and the safety of our citizens are alike objects which this movement aims to secure. It was the act of mere foresight and appreciation of the value of scientific observation, to give this important convention the aid of facts recorded in this city, in the expectation that principles would be established whose beneficial influences would be felt in all future time.

"We have not learned the name of the other delegate, though we doubt not the selection has been dictated by the same intelligence which gave Dr. Barton his present position."

*The Dark Side of War*.—Colonel Tulloch, one of the two members of the Crimean Board of Inquiry (the other is Sir John McNeill), in a pamphlet recently published, states that the loss from sickness alone, during the winter of 1854-5, in the Crimean army (including what took place at Scutari and during the passage), amounted to thirty-nine per cent. in the infantry, and in eight corps actually amounted to seventy-three per cent.; this being exclusive of men killed in action, or who died of their wounds. By way of contrast it may be mentioned, that, in the naval brigade, which took a prominent part throughout the whole siege, the deaths from sickness were under four per cent. This terrible mortality was four times greater than that which occurred during the Walcheren campaign, whose horrors aroused the indignation of the country, and produced a perfect storm in the Senate. Colonel Tulloch, in eloquent language, points out the causes of this heartless loss of lives: "It was," he says, "no foeman's hand, no blast of pestilence, but from the slow though sure operation of diseases, produced by means, most of which appeared capable, at least, of mitigation."—*North American Medical-Chirurgical Review*.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

W. W. MORLAND, M.D. AND FRANCIS MINOT, M.D.

Whole No. 1527.] Thursday, May 21, 1857. [Vol. LVI. No. 16.

## CONTENTS.

### ORIGINAL COMMUNICATIONS.

- Artificial Pupil in Irido-Choroiditis and Glaucoma. Letter from Berlin, Prussia, by S. F. Haven, Jr. M.D. - - - - - 309
- On the Cannabis Indica. By A. B. Clarke, M.D., Holyoke, Mass. - - - - - 315
- REPORTS OF MEDICAL SOCIETIES. (Providence Medical Association.)—Phthisis, and Tumors of the Uterus. Fracture of the Patella. Placenta Prævia. Spontaneous Version in Labor. Rheumatism, and Ossification of the Heart - - - - - 318
- BIBLIOGRAPHICAL NOTICES.—Dr. Winslow's Lettsonian Lectures on Insanity. Homœopathy—Its Testimony against itself. Dr. F. Churchill on the Diseases of Women. Dr. Todd's Lectures on the Urinary Organs 319

### EDITORIAL AND MED. INTELLIGENCE.

- Quarantine Convention at Philadelphia - 323
- Censorship of the Medical Press - - 324
- Congenital Absence of Supra-Renal Capsules 325
- Tartate of Antimony in Rigidity of the Os Uteri. Note from Dr. C. Puffer - - - 326
- Case of Twins of different Colors - - 326
- Houston, Texas, as a Resort for Consumptives 326
- The Surgeon-General's Report - - - 327
- Councillors of the Mass. Medical Society - 327
- Health of the City - - - - - 327
- Communications, Marriages, &c. - - - 327
- Weekly Report of Deaths in Boston - - 327
- New Orleans School of Medicine - - - 328
- County Societies in Tennessee and Kentucky 328
- Records of Longevity - - - - - 328
- Medical Miscellany - - - - - 328

**DR. HENRY W. WILLIAMS,**  
33 Essex Street, Boston.  
Special attention given to Diseases of the Eye.  
Nov. 5, 1848. - eptf

**DISEASES OF THE EYE AND EAR.**—Dr. J. H. DIX will, from this date, relinquish general practice, and attend exclusively to the medical and surgical treatment of Diseases of the Eye and Ear. Tremont street, opposite Tremont House.  
February 14, 1843. eptf

**CALVIN G. PAGE, M.D.,**  
Physician and Surgeon,  
69 Myrtle st., Boston.  
Office hours, 1 to 2 and 3 to 4 o'clock, P.M.  
April 3—tf

**DISEASE OF THE THROAT AND LUNGS.**—The subscriber, in connection with his general practice, gives special attention to the examination and treatment of Diseases of the Throat and Lungs. Office hours from 2 till 4 o'clock, P.M. No. 2 Warren street, Boston.  
Sept. 18—1y1 WILLIAM LEACH, M.D.

**DR. CHANNING** has removed to No. 45 Bowdoin street, nearly opposite Allston street.  
Office hours from half past 7 till 9 A.M., and from 1 to 4 P.M.  
May 17—tf

**DR. L. V. BELL,** having retired from the McLean Asylum, will attend calls in consultation only, in city and country, whenever his services may be thought useful. No. 4 Concord street, Monument Square, Charlestown, Mass. April 3—tf

**TO THE MEDICAL PROFESSION.**—The Subscriber, having resumed the practice of his profession, will devote himself to the diagnosis and treatment of Thoracic Diseases. He will visit for consultation any of the New England States. His office hours, in the city, will be from 11 A.M. until 4 P.M., at 8 Otis Place. He will likewise receive private pupils either singly or in classes, for a longer or shorter period.  
HENRY I. BOWDITCH.  
Boston, Oct. 6, 1852. tf

**MUTUAL LIFE INSURANCE.**—The New England Mutual Life Insurance Company (Office Merchants' Bank Building, 14 State street, Boston) insures lives on the mutual principle.

Accumulation—over \$870,000, and increasing, for the benefit of members, present and future. The whole safely and advantageously invested.

The business conducted exclusively for the benefit of the persons insured.

The greatest risk taken on a life, \$15,000.

Surplus distributed among the members every fifth year, from Dec. 1, 1843.

Premiums may be paid quarterly or semi-annually, where desired, and amounts not to fall.

Forms of application and pamphlets of the Company, and its reports, to be had of its agents, or at the office of the Company, or forwarded by mail, if written for, post-paid.

#### DIRECTORS.

Willard Phillips, President.  
Wm. B. Reynolds, George H. Folger,  
Charles P. Curtis, Sewell Tappan,  
M. P. Wilder, Charles Hubbard,  
Thomas A. Dexter, A. W. Thaxter, Jr.

**BENJAMIN F. STEVENS, Sec'y.**  
**J. HOMANS, M.D., Consulting Physician.**  
April 10.

**DR. C. A. ROBERTSON** has removed to No. 14 West street.  
Exclusive attention to Diseases of the Eye and Ear.  
Oct. 30—tf

**DISSECTING CASES** in every variety. Pocket Cases—French, English and American. Also many elegant cases containing Instruments for Amputating, Trepanning and for minor Operations. Prices from \$18.00 to \$125.00. Galvanic Batteries. Splints, and every article used in Surgery.  
B. S. CODMAN & CO.,  
57 Tremont St.  
Oct. 30.

**INSTRUMENTS.**—A full assortment of Surgical Instruments from the best makers, for sale at the factory prices. Also, Dissecting Cases, various styles.  
THEODORE METCALF & CO.,  
Dec. 13. 39 Tremont Street

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

THIS Periodical entered upon its 56th volume in Feb., 1857, and is issued weekly, as heretofore, from the office of publication, over 184 Washington Street, Boston. The two publications, a union of which in 1828 formed the commencement of the present work, were the *New England Quarterly Journal* and the *Boston Medical Intelligencer*. The former was commenced in 1812, by Drs. J. C. Warren, W. Channing and others, and was carried on by them, as proprietors and editors, for sixteen years. The latter was begun in 1823, by Dr. J. V. C. Smith, the late John Cotton being proprietor and publisher. Dr. S. was editor till 1825, and was succeeded by Dr. James Wilson. In 1826, Dr. J. G. Coffin purchased the work of Mr. Cotton, and remained proprietor and editor till 1828, when he sold it to the editors of the *New England Quarterly*, mentioned above, who united the subscription lists of the two works, and commenced the publication of the present *Boston Medical and Surgical Journal*. After one year Mr. Cotton re-purchased the work, and it was then edited by Dr. Chandler Robbins till August, 1834, when Dr. J. V. C. Smith again took the editorship. Its different proprietors have always endeavored to make it a convenient and acceptable organ, through which the regular medical profession, in all parts of the country, might receive and impart instruction upon matters relating to their calling. It is believed that these efforts have not been unsuccessful, and that the volumes of the work now constitute a valuable record of all the matters of interest which have engaged the attention of the profession for more than a quarter of a century.

Since the commencement of the 52d volume, in February, 1855, the editorial department of the *Journal* has been in the hands of WM. W. MORLAND, M.D., formerly Secretary of the "Boston Society for Medical Improvement," and FRANCIS MINOT, M.D., Secretary of the "Boston Medical Association." This arrangement has been found peculiarly favorable to securing something weekly for its pages from the medical learning and experience of Boston. Hospital Reports, and extracts from the Records of the Medical Societies of the city, are now furnished, as well as cases in the private practice of individuals. Communications also continue to be received and published, and are still solicited, from physicians in other and distant parts of the country. The work is not devoted to the interests of any medical school or party, and its editors will maintain an independent course in their reviews and notices of new publications. In the admission of articles from correspondents, they will be as latitudinarian as is consistent with the conveyance of instruction to the reader and true progress in science. A report will be given weekly of all medical news considered worthy of permanent record—thus making the contents of each number, though mainly practical, sufficiently varied to render its frequent visits welcome and interesting.

The subscriber having been connected with the *Journal* from its commencement, and its sole proprietor since 1834, is familiar with the wants and wishes of the profession in regard to it. It will be his endeavor, as it has heretofore been, to make it useful and acceptable to scientific practitioners in every part of the country, and to send it to them in a convenient form, correctly and neatly printed, and of liberal size for the price.

Both a weekly and monthly series are issued, and subscribers can have their choice. The former is published every Thursday, and the latter on the 1st of each month—the price of either being \$3.00 a year in advance. There are two volumes in a year, of over 500 pages each, beginning in February and August. Back numbers of the volume at any time in course of publication can be furnished, as well as complete sets, generally of preceding volumes.

DAVID CLAPP, PROPRIETOR AND PUBLISHER.

Boston, May, 1857.



## THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. LVI.

THURSDAY, MAY 21, 1857.

No. 16.

---

### ARTIFICIAL PUPIL IN IRIDO-CHOROIDITIS AND GLAUCOMA.

[Foreign Correspondence of the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The remarkable efforts of Dr. A. Von Graefe in the cause of ophthalmological science, and the brilliant results therefrom, have deservedly placed him at the head of this branch. One of the most valuable results of his labors consists in the new field opened to ophthalmic surgery by the extended operation for artificial pupil, namely, in cases of irido-choroiditis and of acute glaucoma. With regard to the former, Dr. Graefe has already developed his ideas at length in a recent number of his "*Archiv für Ophthalmologie*." The latter subject—iridectomy in glaucoma—has, however, only as yet been broached in his private clinique. Having during the last five months enjoyed the privilege of a daily attendance at his clinique, it may not be out of place for me to give a brief general view of his grounds for proposing and practising this operation in the above-mentioned cases.

It has been the custom, among earlier writers, to ascribe the frequent relapses of iritis, with progressive complications (chronic choroiditis, amaurotic amblyopia, and finally, atrophía bulbi), to dyscratic causes. Allowing this to be true in individual instances, and setting aside specific disease, from later experience it would seem more probable that the greater number of chronic iritides should be attributed to the relics of the first inflammation—in other words, to mechanical causes. If now, in a series of patients, with double-sided, simple, acute iritis, one eye be treated merely antiphlogistically, and the other with mydriatics, the following results will generally be observed. Sometimes both eyes are cured without posterior synechia, in which case no disposition to relapse is seen. Sometimes, however, the first eye heals with posterior synechia, and the second (under atropine) without; then, not infrequently, a relapse occurs in the former, and not at all in the latter, while the reverse never takes place. Furthermore, if, in double-sided synechia posterior, atropine succeed in breaking the adhesions of one

iris and not those of the other, the recurrence of later iritis is always in the second eye, and not in the first. Such being the case, we seem justified in this proposition—that the after-continuance of posterior synechia, namely, of broad and unyielding adhesions, is the principal cause of recurrent iritis.

To the above proposition belongs another; that the complete adhesion of the pupil (synechia posterior totalis) is the commencing point of further complications, especially of chronic choroiditis (with progressive amblyopia, and finally atropia bulbi). The pupil may either be open, or closed by contraction and exudation. In the latter case, artificial pupil has been hitherto made only with a view to let in rays of light. Dr. Graefe, however, would operate in both cases, and for a different reason—namely, to prevent the ensuing evil of chronic choroiditis. His opinion is formed from the experience of a great number of operations in the last four years.

Let us take an eye which, beginning with simple iritis, has gone on to complete posterior synechia, with partial closing of the pupil from exudation. The eye is in a strong degree amblyopic, the iris is discolored, and perhaps in sections, arching, knob-like, into the anterior chamber—in short, chronic choroiditis has already commenced. Let artificial pupil now be performed. What is the probable result? In a few days the iris has nearly resumed its normal appearance and color, and the vision, already considerably bettered, shows afterward a constantly progressive improvement. Whence comes this improvement of vision? Two ideas naturally present themselves. 1st, that it is owing to the greater amount of light admitted through the new opening. The improbability of this is shown from the fact that, if the artificial opening be covered up, down to the edge of the normal pupil, the patient still sees much better than before the operation. 2d, that it is due to the gradual absorption of the exudation in the pupil. (This does not refer to the liquid serous exudation behind the iris, which escapes with the first incision, and the pressure of which occasioned the projection.) Wherever, however, an oblique ophthalmoscopic illumination can be effected, it may readily be proved that this absorption does not take place. We have, then, only the conclusion left us that this increase in the power of vision depends simply upon the *improvement in the choroidal complication*.

Still further; Dr. Graefe has operated in a long series of cases where already a high degree of atropia bulbi, with marked softening of the globe, and projection of the whole iris, existed. In these cases there is not only an improvement of vision, a re-establishment of the anterior chamber, and a restoration of the iris-texture, to be seen, but even the atrophy, when not too far gone, makes a retreat. This retrogression will not appear so strange when we reflect that the atrophy is the index of the choroidal con-

dition. The choroid is the secreting organ of the vitreous humor, and when the circulation in the former is checked, the latter must lose in volume. With a removal of the obstacle, the regeneration succeeds. Even in cases of simple acute iritis, the globe becomes palpably softer, and is re-established after the inflammation is gone. Of course no cure is to be expected where the chronic choroiditis has existed so long that atrophy of the texture, with obliteration of the vessels, has taken place. For this very reason is it urged not to delay too long, but to operate as soon as possible. Another inducement for early operation is the fact that the presence of serous exudation behind the iris engenders in time lenticular cataract. How serious a further complication like this is, can be imagined. Reclination is not to be thought of. Discision is dangerous, because the capsule is opened with difficulty, and the swelled and irritating lens-substance re-excites iritis. Extraction only remains, and, in case of an unfavorable healing, all that previously was gained is lost.

There are two forms of irido-choroiditis, which it is important carefully to distinguish one from the other. The one commences, as we have seen, with iritis, and goes on to synechia, choroiditis, &c. The other, on the contrary, begins with choroidal affection, and leads ultimately to iritis. Either the hæmorrhage or the serous exudation from the choroid produces separation and projection (called by some coarctation) of the retina. This engenders inflammation of the inner membranes; posterior synechia and iritis follow, with, finally, projection of the iris, and atrophía bulbi. Soft cataract is generally formed either simultaneously or a little before the iritis. Central capsular cataract also forms itself, and is commonly spread over the greater part of the pupil—a diagnostic sign of much importance, since we can from this, with the greatest probability, infer the presence of retinal projection. Another characteristic symptom of retinal separation is limitation of the field of vision, which is almost always at the upper part, and progresses gradually till it leaves, finally, only the lower and outer portion free. From the commencement, therefore, the vision is broken, and objects appear inclined and distorted. Later comes the inflammation, and this is generally accompanied by little irritation, because atrophy of the vitreous humor and diminution of the intra-ocular pressure have already occurred. On the other hand, in the first form of irido-choroiditis, there is, from the beginning, distinctly-marked, periodically-recurring inflammation, commonly with ciliary neurosis; and the sight, at first tolerably good, acquires a gradual and equally-diffused dimness, but without limitation of the field of vision.

It would appear, then, that artificial pupil is not to be performed in retinal projection, since restoration of vision is out of the question. Dr. Graefe has, however, frequently done the operation,



with a favorable effect upon the inflammation, and would recommend it where a sympathetic affection of the other eye is to be feared.

The best and most certain results are of course where, with complete posterior synechia, no projection of the iris exists. A young practitioner would perhaps fear to operate here, where the sight is yet good, and it is not absolutely necessary that choroiditis should develop itself. If, however, the other eye is already amaurotic, then Dr. Graefe thinks the operation should not be delayed, and this in spite of the fact that the sharpness of vision may suffer, and certain dioptric irregularities are not to be avoided. Care should be taken not to make the artificial pupil too large, and the above objections, as well as that of the personal defect, are nearly done away with where it can be made at the upper part, for in this case the opening is covered by the upper lid.

By iridectomy, evidently, all the adhesions are not released, as by mydriatics. Are, then, the patients really free from iritis-relapse? And if so, wherefore? In the unlimited majority of cases they certainly are; but it is not so easy distinctly to define why. There must be a considerable change in the tension of the muscular structure of the iris, by which the inflammatory tendency is so diminished that the action of the remaining adhesions is null. Still more important, perhaps, is the alteration in the circulation. We produce a lasting antiphlogistic effect, and accomplish more by this one operation than is ever done by repeated periodical paracentesis, since (by removing the pressure) the unloading of the vessels is continued.

If projection of the iris is present, the signs of commencing choroidal amblyopy either do not fail, or are with certainty to be expected. Wherein consists this secondary choroiditis? The ophthalmoscope shows that hyperæmia of the choroid capillaries, and pathological saturation of the vitreous humor, are the commencement of the affection, and change in the structure of the choroid itself must come considerably later, otherwise remains of the healed disease would be found after the operation. One can readily understand that the inflammation is transmitted along the continuous vessels between the iris and choroid; but why cannot this be therapeutically prevented? We can only fall back upon the complete posterior synechia. It is certain that the normal pressure in the posterior part of the eye, as well as in the anterior chamber, must be changed, and this can have an important effect upon the circulation. Also the interrupted communication with the anterior chamber may alter the proper relation of the secretions. The collection of serous liquid behind the iris seems to speak for this.

Dr. Graefe has never seen a *relapse* of iritis after operation in

this stage, but in single instances there has been an *imperfect cessation* of the existing iritis. Sometimes a repeated operation has been required for the further improvement.

The indication and prognosis are most difficult to decide upon in atrophía bulbi. Where the pupil is wholly obstructed we can only judge of internal changes by the perception of light, and not much is to be promised if the patient can only observe the light from a bright lamp when held close to the eye. If the perception is good, so that a moderate light can be seen the length of a chamber, and also light and dark be distinguished some feet from a lamp turned low down, and if at the same time the eccentric impression is symmetrical, we are then tolerably certain of a relative result. The grade of the atrophy and regularity of the globe have of course a strong influence in the prognosis.

Unfortunately the limits of this article require great condensation of the subject, and forbid the introduction of individual cases, as well as of many other interesting considerations.

I now come to the formation of artificial pupil in glaucoma. Glaucoma is a disease which has always been a source of great perplexity to the profession. Not only is the cause of the malady unknown, but great confusion exists as to its symptoms and course—in short, as to what shall be called glaucoma. The Prague school were inclined to ascribe the cause to an exudation between the choroid and retina, *i. e.*, choroiditis with coaretation of the retina. This the ophthalmoscope fails to prove. Through the operation itself, of which we treat, a better opportunity has been afforded for ophthalmoscopic examination of the diseased eye. It is found that first an apoplectic condition of the retina exists, and secondary to this occurs change in the optic nerve and retinal vessels. The entrance of the optic nerve is seen to be concave (at first, from an optical illusion, this was thought to be convex), and has the semblance of being surrounded by a ring. The excavated portion is filled with discolored vitreous humor, and gives a mixed appearance of dirty yellow, white and green. The vessels are at the border interrupted, disappear for a certain distance, and re-appear near the middle—a circumstance readily explained by the concavity. The arteries are smaller than normal, and in the highest grade of glaucoma one finds none upon the nerve, and the veins also disappear. An interesting symptom most commonly, though not invariably, present, or to be produced upon pressure, is the arterial pulse. (The venal pulse is more readily seen, from the fact that the veins fill and empty themselves, while the current in the arteries is continuous.) This abnormal pulsation of the arteries depends probably upon the increased intra-ocular pressure, and in many instances upon their diminished size from atheromatous degeneration. It should

be remarked that a diagnosis cannot be made from an ophthalmoscopic examination alone, inasmuch as amaurosis may give similar appearances. The external symptoms must be taken in connection.

The ordinary symptoms and progress of glaucoma may be regarded as follows. First occur periodic disturbances in the power of vision, and different colors or rainbows are seen by the patient. These constitute the precursory stage, the duration of which is quite variable; it may be from a few months up to one or two years. At length, suddenly, perhaps in the night, comes on the first premonitory attack—severe pain in the brows and eye; in the morning the pupil is found dilated, the patient cannot see with this eye, the globe is hard to the touch, the aqueous humor is discolored, and the cornea has lost some of its sensibility. These symptoms disappear, and recur again at intervals—each time, however, leaving the globe harder, and the power of seeing (from limitation of the field of vision) more circumscribed than previously. Finally, the eye becomes totally blind. That the anæsthesia corneæ is another marked symptom of the internal pressure, we have every reason to believe.

It would seem, then, that glaucoma affords, in some respects, a decided contrast to the above-mentioned irido-choroiditis. There we have atrophy of the choroidal vessels, the vitreous humor is imperfectly secreted, and phthisis bulbi develops itself. Here the same vessels are not obliterated, the secretion of fluid is augmented, and the hardness of the globe increased.

Regarding, therefore, intra-ocular pressure as the chief obstacle, Dr. Graefe sought some means to remove it. Finding that atropine had no effect, he first tried paracentesis corneæ. The immediate relief was very great. Directly after the operation, the pupil and iris became clearer, the sensibility of the cornea returned, and the vision was better. The latter continued to improve for some days, but the renewed aqueous humor was cloudy, and soon the old state of things came back. The experience of a great number of cases showed that the alleviation from paracentesis is only temporary. Dr. Graefe now determined upon a more extensive operation, namely, that of iridectomy; and in this his hopes were crowned with success. All that was accomplished by the paracentesis, and more, was here effected, with the advantage that it was permanent. The number of cases already operated upon is about forty, the oldest dating back a year or more, and *in none has as yet a relapse occurred.*

The analysis of these cases brings us to the following conclusions. That when the operation is made within fifteen days or three weeks after the first premonitory attack, we may be almost certain of a complete restoration of the vision. In proportion as this is delayed, only a proportionate improvement of the vision, with cessation of the inflammation, and softening of the globe, is to be



expected. In all cases there is at least a cessation of the inflammation.

In the forthcoming part of the "Archives," Dr. Graefe proposes to give his views upon this subject at length. When we reflect upon the number of patients with glaucoma the practitioner meets with, and upon the painful and hopeless answer he has hitherto been obliged to give, the importance of this operation will be appreciated. That it is likely to attract much attention and discussion—perhaps opposition—may be imagined. For this very reason Dr. Graefe has delayed bringing it before the public till he had obtained facts enough to do it in a positive manner. It is by his kind permission that I am enabled to anticipate him in thus briefly making the first announcement of the new operation to our own public. A further discussion of the subject will perhaps be allowed me in the *Journal* at a later period.

Though still quite young, Dr. Graefe may be considered to have already effected a great revolution in the department of ophthalmology. Especially is this the case in diseases of the muscular accommodation; and professional brethren naturally await with eagerness anything from the pen of one who, in the immense number of his operations for strabismus, is said never to have made a false diagnosis.

S. F. HAVEN, JR., M.D.

*Berlin, Prussia, April 4th, 1857.*

## ON THE CANNABIS INDICA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I was highly interested in a paper, in a late number of the *Journal*, on the Cannabis Indica, by Dr. Bell, having experienced all the singular sensations he so graphically describes. I would not trouble you with a communication on the subject, were it not for the statement that in the dose of from one to three grains it is absolutely inert, and that five grains is the smallest quantity from which any perceptible effects are to be expected. Different results have attended the trials I have made of it. A case of mania came under my care; the patient, a female, aged about 22 years, had been in an asylum for the insane for some months, and had taken quarter-grain doses of the solution of morphia, night and morning. The bowels had become very much constipated, and I determined to discontinue the morphia, and try the Cannabis Indica. She took a tincture of the English extract, in the quantity of two grains night and morning, with a very good effect, for about two weeks; but the last part of the time became tired of it, saying it was *worn out*. Having received another package of the same kind, I made it into pill form in the dose of two and a half grains each pill. She took the first one in the

morning; in about an hour after, a message was sent me in haste to see her, as they thought she would live but a short time. Not being at home, I did not see her for two or three hours. When I called, I found her sitting up and more rational and quiet than she had been for weeks. The attendant described her as apparently fainting, with respiration slow and regular, a blue and dusky state of the skin, blood settled under the finger nails, and said they had with difficulty kept her alive. Not satisfied that the Cannabis had produced the effect they described, I selected one of the largest pills and took it myself, and soon after ate a hearty dinner. Within an hour I began to feel its peculiar effects, and they are so well described by Dr. Bell that I will not attempt a repetition of them. My left arm was partially paralyzed, the skin looked blue, and there was blueness under the finger nails, as though the blood was imperfectly arterialized. The pulse was natural. The effect of the Cannabis was at its height in about three, and passed off in about five, hours. The arm was in a powerless condition for half an hour, but friction would partially restore it.

I do not know the relative strength or quality of Tilden's extract as compared with the English, but should think the statement of Dr. Bell relative to quantity should be received with caution, as, like all the extracts, it is liable to great variation. I think the last parcel I used in the above case (although from the same house) was much the strongest, as there was but a difference of half a grain in what my patient had taken, for two weeks previous.

*Holyoke, April 17th, 1857.*

A. BRYANT CLARKE, M.D.

#### HAY ASTHMA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—There is a class of persons who are subject to an annual attack of asthma, occurring, most frequently, in the month of August, but occasionally during the spring, or any of the summer months. The disease may last from two or three weeks to three months or longer, during which time they are incapacitated for business or pleasure, and in some cases life even is endangered. In a great majority of these cases, catarrh is connected with the spasmodic affection—the mucous membrane of the nostrils, fauces, bronchi, nasal sinuses, &c., being inflamed, and pouring out a copious watery and aerial secretion. The best description of the disease will be found in "*Elliotson's Principles and Practice of Medicine*" (*Am. Ed.* by T. Stewardson, M.D., 1849).

My object in this brief communication is to call the attention of your readers to a mode of prophylactic treatment which I have found invariably successful, and that in the most inveterate cases. It consists in the use of a pill of *quinine and sulphate of iron*, after the

following formula. R. Sulph. quiniæ, gr. lx.; sulph. ferri (exsic.), gr. xxx.; muc. gum. acaciæ, *q. s.* M. Ft. xxx. pills, one to be taken three times a day. At the same time a general tonic regimen is to be prescribed; animal food; cold water with friction to the surface; much exercise in the open air, &c. As the time of the attack varies but little from year to year, often occurring on the same day of the same month, the use of the pills should be commenced eight or ten days before the expected paroxysm, and continued for three or four weeks at least; in some cases I have continued them for two months.

During the last summer I treated two chronic cases of the disease with complete success, on the above plan. In one case, the patient, T. S., aged 60, had been affected annually for 40 years, the attack coming on about the 20th of August, never varying more than one or two days. The disease closely resembled influenza, except the asthmatic symptoms with which it was complicated. Its duration was from six to twelve weeks, never less than six weeks. During much of this time he was unable to attend to business, and though he travelled from the interior to the sea-side, and from one watering place to another, he rarely found much benefit from change of place; the approach of cold weather, however, brought relief, and the disease gradually disappeared. This gentleman, who is engaged in an extensive business, began the use of the pills two weeks before the expected paroxysm, and continued them for six weeks. He enjoyed good health during the whole summer, attending to his business daily; occasionally he felt some slight return of former symptoms, or, as he expressed it, "the disease made a desperate effort to fasten itself in its old quarters," but the antiperiodic tonic proved too strong for it.

The other case was that of a clergyman, aged 50, who had been subject to the annual periodic attack of the disease for 15 years. In his case, also, the attack was on, or about, the 20th of August. His sufferings were as great, though perhaps not quite so protracted, as those of T. S. For several weeks he was incapacitated for preaching and his other ministerial duties. He began the use of the pills but a few days before the time of the expected attack. Slight symptoms of the disease appeared, from time to time, as in the former case, but never severe enough to oblige him to omit his usual duties. He continued the pills about six weeks, and has since enjoyed much better health than usual; the same is also true as regards T. S.

C. A. L.

P. S.—I claim no credit for the above remedy, as I found it recommended in "Elliotson's Practice" (p. 772).



## Reports of Medical Societies.

---

EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION.  
BY W. O. BROWN, M.D., SECRETARY.

DR. ELY reported a case of death from phthisis. On a *post-mortem* examination, the uterus was found to contain several fibrous tumors, some of them very large; in the aggregate they would probably weigh two or three pounds. Dr. E. had known little or nothing of the history of this patient till within a few weeks preceding her death: but during that time there had been no complaint of any uterine difficulty, nor had any symptoms led him to such a supposition.

DR. COLLINS gave a verbal report of a case of fracture of the patella. The patient fell about six feet, and struck the patella on a sharp angle of wood. After the accident he walked some distance to Dr. C.'s office, and after that some twenty rods to his own home.

The fracture was stellated, dividing the bone into three pieces, but the pieces were not separated. There was profuse effusion of blood beneath the cuticle. Suppuration did not take place. The patient was simply laid upon his back, without applying any splints or fixtures to the limb. Evaporating lotions, leeches, anodynes and low diet, constituted the treatment. A cure was progressing favorably.

DR. C. also reported a case of flooding at term of pregnancy. On examination, it was found to be a case of placenta prævia, with one elbow presenting. The placenta was partially attached over the os. As the os uteri was soft and dilated, a dose of wine of ergot was given. A leg of the child was reached and brought down, and delivery effected without difficulty. The child was living, and both mother and child have done well.

DR. NEWELL made a verbal report of a case of spontaneous version in labor, with a shoulder presentation. There was prolapsus of the cord, death of the child, and eventually death of the mother.

DR. Newell also reported the following case of ossification of the mitral valve, and exhibited the specimen.

J. V., aged 37; Mexican soldier; native of Providence; last May presented himself to my partner, Dr. Peckham, with the following symptoms of disease of the heart: occasional headache; pain or uneasiness over the precordial region; more or less dyspnoea: frequent palpitations; small, irregular, intermittent pulse; systolic bellows murmur, heard most distinctly over the apex of the heart. Had suffered much from rheumatism. From that time I heard nothing of him till called upon to make his autopsy, Feb. 6th; but from his brother I have since gathered the following history.

In 1847 he joined the Rhode Island Regiment of Volunteers, as 3d Sergeant, under Capt. Pitman. In June he arrived at Vera Cruz; and, on account of severe exposure, had an attack of rheumatism, which lasted about three weeks. Ten days of this time he lay upon the damp ground, and, during the remainder, was in the hospital in the city. After his recovery he joined his company and marched for six days toward the city of Mexico. Upon arriving at a mountainous region, by reason of sudden change of temperature he had a second attack of rheumatism, more severe than before, lasting about as long, and attended with considerable swelling of the joints, delirium and

diarrhœa. He was carried for twelve days in an ambulance, sleeping on the ground at night, till he arrived at a hospital, where he was left for ten days, when he had again sufficiently recovered to join his company about the first of September. After his arrival at the city of Mexico, he was prostrated the third time with rheumatism, which continued about the same length of time as on the two previous occasions. Subsequent to this recovery, he remained eighteen months in Mexico, suffering more or less from rheumatism, but all the time on duty. He ultimately returned to Providence, sought medical aid, but without benefit.

In 1852 he went to California, where his disease troubled him almost constantly, till he returned in 1854, when his heart symptoms first attracted his attention, it being about seven years from his first rheumatic attack. He suffered from disease of the heart and rheumatism while he lived. He twice received considerable benefit from what are denominated electro-chemical baths, taken in Boston; once in the spring of 1856, and again in the autumn. He went for the last time to use the baths the 26th of January, being then in a precarious condition. After his arrival there, during eight days he suffered from extreme dyspnœa, cough, restlessness, pain over the precordial region, nausea, vomiting, till he died on the 4th of February.

*Autopsy.*—The body was examined 48 hours after death. The skin was exceedingly jaundiced. Between three and four quarts of serum were found in the thorax: about equal quantities in each side; that in the right, sanguineous, that in the left rather purulent. The left lung and the lower and middle lobe of the right were, for the most part, congested. The heart was considerably enlarged. The auricles were dilated to more than twice their normal size. The ventricles were much dilated, with their walls thickened. The mitral valves were calcified, thickened, and converted into a fixed oval slit, resembling a button-hole. The aortic valves were cartilaginous, and the tricuspid slightly thickened. The liver was congested, and the gall-bladder distended with thick, viscid bile.

### **Bibliographical Notices.**

*Lettsomian Lectures on Insanity.* By FORBES WINSLOW, M.D., D.C.L., late President of the Medical Society of London, &c. London: 1854.

On the amalgamation of the London Medical and Westminster Societies in 1850, the Council, in honor of a noble benefactor, established two lectureships, to be held annually by a physician and a surgeon. In the second year, the chairs were filled by Dr. Winslow and Mr. Hancock.

The volume before us contains the three lectures delivered by the former as Lettsomian Professor of Medicine. They appeared first in the columns of the *Lancet*, and subsequently in the *Journal of Psychological Medicine*, and were then issued by Dr. Winslow in their present form.

I. His own words will best express the author's design:—"I have

undertaken in my first lecture to illustrate the *special physiological attributes of the physician*—to claim for the cultivators of medical science higher and more exalted functions than those usually assigned to them—to consider the physician in his spiritual character, as having at his command and under his control a *medicina mentis* as well as a *medicina corporis*—agents of great power and magnitude. It will be my object to establish the close connection between the *Science of Mind* and the *Science and Practice of Medicine*, and to illustrate the true philosophic character of the professors of the healing art."

In earnest and glowing language is then set forth the great importance of psychological studies to the accomplished physician, in view of the well known reciprocal action of mind and body. The lecture is illustrated throughout by copious and apt quotation, and the author's views are enforced by much ingenious argument.

II. In the second lecture, a brief sketch of the medical treatment of insanity is given.

Disclaiming *in limine* the possession of any panacea that will "Purge the mind of its thick coming fancies," any drug that will "Chase away the furrowed lines of anxious thought," he carefully approaches his subject, through some extended remarks upon the morbid anatomy of the brain in insanity. From a scrupulous analysis of no less than 10,000 cases, his mind is satisfied "of the *material cause of mental derangement*," although the united powers of the scalpel, the microscope and the laboratory may fail to detect it. A brief and well-considered *resumé* of the generally-received medical means of treatment follows, with some judicious advice as to their employment. We notice a few encouraging words on the medical treatment of "*ramollissement*," in this connection.

In closing the subject, the author says, "I may have formed an extravagant and exaggerated conception of this subject, but I cannot close my eyes to the *fatal consequences which have so often ensued from a belief in the incurability of insanity by medical means*."

III. "Medico-legal evidence in cases of Insanity" is the title of the third and last of these interesting lectures. This is nearly twice the length of either of its predecessors, and the fact may indicate either the inherent difficulty of the subject or the author's opinion of its comparative importance.

The lecture bears the marks of much study, and of an acquaintance with the various and varying *dicta* of the foreign courts of law.

The author regrets the introduction of the term "moral insanity," by Dr. Prichard, into our psychological nomenclature, and says:—"If we carefully investigate the cases quoted by Pinel, Esquirol and Prichard, and referred to as *types* of moral insanity, we are irresistibly led to the conclusion, that the malady, as described by these authorities, was not in *any one case restricted to the affective or motive powers of the understanding*."

Discussion of metaphysical matter, or of any abstraction, requires the nicest and most guarded use of language. Indeed, most disputes of this kind would never have existed if words had had the symbolic exactness of algebraic formulæ. Such discussions are but too often mere word-fights. His readers must judge whether our author is ever betrayed into this undesirable warfare.

If the author has failed in always conveying a clear idea of his



meaning, the fact must, in great part, be attributed to the peculiarly intricate nature of the subject. The lecture contains a mass of valuable information, some of it not readily accessible, and a page or two of invaluable advice to any one of our profession liable to be called to the witness stand. The whole is elegantly presented, and, if not entirely satisfactory, is yet interesting, attractive and valuable.

The elevated tone which pervades these lectures, the interesting subjects presented, the official position of the lecturer, and the ability displayed, combine to form a volume which any physician can read with pleasure and profit.

W. H. P.

---

*Homœopathy; Its Testimony against itself.* (Reprinted from the Boston Medical and Surgical Journal.)

WE have already alluded to this collection of evidence afforded by this pretentious system against itself. Those unfamiliar with the shallowness of homœopathy, will be surprised, doubtless, at certain of the exposures made by the author of this little digest. It will be hard, moreover, to refute the positions and facts adduced, and we doubt very much if even zealous partisans of Hahnemannism will attempt to do so. Chapter and verse being carefully given, they would be very unwise did they mortify themselves still further by calling closer attention to the testimony. We cannot refrain from alluding to one or two points, and will do this by quoting from the pamphlet. "The same Journal (*British Journal of Homœopathy*) for 1856, p. 663, contains a notice of the *German Homœopathic Directory*, published the May preceding. It is described as giving a list of the homœopathic practitioners among the Germans, and 'the Austrian non-Teutonic population,' such as Slavonians, Croats, Hungarians, Transylvanians, Bohemians, Venetians and other Italians. In these countries there are above 100,000 who practise in accordance with the established science; and this directory says there are 439 homœopathists. Four hundred and thirty-nine, according to their showing, are scattered among 75,000,000 people, about one to 200,000; and thus they show how very popular and fashionable the thing has become."

Again, the failure of Homœopathists to demonstrate their loudly-trumpeted success in the cholera epidemic in 1854, in London, is well set forth by our author.

"In April, 1855, an address and poem on homœopathy were delivered before a Boston audience in the Tremont Temple, and were published in a pamphlet entitled *The Homœopathic Law*. The address is filled with the most extravagant statements, only few of which will be here noticed. The lecturer boasts of strange success in the management of cholera. He says that the proportion of deaths under homœopathic treatment is scarcely one-sixth as many as under other treatment. He says that, since the cholera first appeared in Europe, only from five to ten per cent have died under their treatment, and from forty to sixty per cent under other treatment. For more than twenty years, their publications have everywhere made the same boast; and to confirm it, they parade long tables of dry statistics, alleged to have been made up in different countries by the homœopathists. These tables pretend that several hundred cases of cholera

have come under their care, and that from ninety to ninety-five per cent were cured. Were these tables correct, or were their success but half what is pretended, treatment capable of producing such results would have long since been adopted by all persons."

A manifest weariness of their title is disclosed as follows:—

"A French homœopathic periodical, *L'Art Medical*, for May, 1856, contains an article of ten or twelve pages, written to urge their practitioners to drop the title *homœopathic*. Some frivolous reasons for that course are given at large: but what seems the real reason is only hinted at. It is that the title being any thing but an honorable one, they are ashamed of it. The *British Journal of Homœopathy* for October, 1856, republishes the entire article with marks of approbation; and hence it would appear that the same sentiments prevail in England. To relinquish that title, involves the relinquishing of all their peculiar pretensions."

The writer refers to the proneness of certain of our *literati* to credit the absurd and extravagant pretensions of homœopathy. We can testify to the most decided partiality to its anti-common-sense influence on the part of several *clergymen*, who, we are sorry to say, are disposed, as a body, to favor many varieties of quackery, and, as we happen to know, to their cost. It was our fortune to see an eminent American divine in close consultation with Hahnemann\* himself, in Paris, upon a very moderate case of sore throat in the person of the Reverend gentleman's daughter. A proper gargle—and even one of cold water—would have relieved and removed it in a short time; but doubtless some globule or dilution had the credit of curing it, when it quietly departed, *suâ sponte*.

We again suggest the circulation of this document to all interested in exposing humbug. It is on sale at the Journal Office.

*On the Diseases of Women, including Diseases of Pregnancy and Child-bed.* By FLEETWOOD CHURCHILL, M.D., M.R.I.A., Author of "Diseases of Infants and Children," "Theory and Practice of Midwifery," &c. &c. Sixth Amer. Edit., extensively enlarged and revised by the Author. With Notes and Additions by D. FRANCIS CONNIE, M.D. Philadelphia: Blanchard & Lea.

THE volume before us has been so often noticed, that even a reference to it might almost seem superfluous; and yet, when a work, acknowledged by all to be excellent, is presented to us in a more attractive form than previously, its value greatly enhanced by the continued industry, research and experience of its author, we cannot refrain from expressing our gratification—from proffering the assurance of our indebtedness.

The present edition of Dr. Churchill's treatise is enriched by chapters upon Tetanus, Arterial Obstruction, and Paralysis, not included in any previous one, and the last of which is particularly valuable.

To no work upon this subject can we refer with greater confidence; from none can we glean more reliable information.

As a text-book for the medical student, and a *vade-mecum* for the practitioner, it has acquired a deserved popularity. D. H. S.

---

\* Whom we looked at, amongst other strange sights.

*Clinical Lectures on Certain Diseases of the Urinary Organs, and on Dropsies.* By ROBERT BENTLY TODD, M.D., F.R.S., Physician to King's College Hospital. Philadelphia: Blanchard & Lea. 1857. 8vo. Pp. 283.

If we have long delayed noticing this work, it is not for want of appreciation of its excellence. We have perused it with unmingled satisfaction, and the favorable opinion we were prepared to entertain of it, from our judgment of the author's previous "*Lectures on Paralysis, Diseases of the Brain, and Affections of the Nervous System,*" is fully realized. The work is eminently a practical one, and does much toward elucidating an obscure and difficult branch of pathology. Among the various subjects discussed by Dr. Todd, are the several forms of hæmaturia; kidney disease associated with albuminous disease and dropsy; the fatty and waxy disease of the kidney; the various forms of dropsy; the relations of cardiac disease to affections of the kidney, and to dropsy; the "gouty kidney," and gout in the bladder; and the general subject of gout. The observations of the author are illustrated by instructive cases, and the subject of treatment forms no inconsiderable part of the value of the book. Without being an elaborate treatise on renal disease, we regard these lectures as one of the most important works which have been written on the subject.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 21, 1857.

### QUARANTINE CONVENTION.

A NATIONAL convention for the purpose of discussing the important subject of quarantine, was held last week at Philadelphia, commencing on Wednesday, the 13th instant. A large number of delegates, consisting of representatives from the local boards of health, and other bodies of our principal seaport cities, were present. We are gratified in being able to state, that the delegation from Boston was second only to that of Philadelphia in point of numbers, and behind no other city in point of talent and respectability. It was composed of the following gentlemen: Alexander H. Rice, *Mayor*; Benj. James, Otis Rich, Solomon Carter, Timothy A. Sumner, James Nute, Joseph M. Wightman, John T. Dingley, *Aldermen*; John Moriarty, M.D., *Port Physician*; Henry G. Clark, M.D., *City Physician*; George Hayward, M.D., and Jacob Bigelow, M.D., *Consulting Physicians*. The delegation from New York city is one of the smallest, and is the only one containing no medical man.

The meeting was organized by the appointment of William Bonsall, Esq., President of the Philadelphia Board of Health, to the chair, after which, Dr. Wilson Jewell, Chairman of the Committee of Arrangements, delivered an able address, urging the importance of the great object of the Convention, and giving an account of the quarantine regulations in each of the principal seaboard cities of the country. The permanent officers of the Convention were then elected, as follows: *President*, Wilson Jewell, M.D., of Penn.; *Vice Presidents*, E. H.



Barton, M.D., of Louisiana, Hon. Alexander H. Rice, of Mass.; *Secretaries*, Edward Hartshorne, M.D., of Penn., Homer Franklin, Esq., of New York.

The adjournment of the Convention took place on Friday, the 15th inst., at a period too late for us to present to our readers a full account of the proceedings in the present number; we therefore defer our report till next week. The title of the Convention was changed to that of the National Sanitary and Quarantine Convention. On the afternoon of the day of adjournment, the delegates partook of a handsome entertainment at the Lazaretto, Mayor Rice, of Boston, presiding.

#### CENSORSHIP OF THE MEDICAL PRESS.

THERE not being any tribunal to which the managers of medical periodicals are accountable, save that of justice and courtesy, certain persons occasionally indulge themselves in establishing a judgment-seat of their own, and in framing regulations, or at least offering *dicta*, by which, in their view, editors must be governed. Now there is, at the outset, a grand difficulty in carrying the views of these self-constituted censors into effect, viz., the *diversity of their opinions* as to what should be or should not be considered the conduct of an editor—so that the latter is quite in the predicament of the old man and his son with the ass.

Being, therefore, entirely hopeless of suiting everybody, it occurs to us to say what we think an editor ought to do and what he ought not to do. We may not enumerate *every* duty—we may omit to notice certain things which may be fairly considered exceptionable; but we will try our hand at it.

*Imprimis*, an editor ought to act conscientiously, and then he may act fearlessly. There should be no motive to truckle, nor any desire to pick flaws; no arrogance, yet no fawning. No editor can do well, or with satisfaction to himself (not to mention the profession), who works for, or at the beck of, a *clique*; or who is the “organ” of a school, merely. In fact, whatever shackles him, ever so lightly, he must throw off, or he will fail, eventually.

Whilst, however, he is independent, he should do no wrong to any man—striving to the best of his ability to put himself in his correspondents’ position, and thus getting some notion of the feelings attendant upon it. But then, if he conscientiously believe them to be greatly in error, we think he is bound, properly, to say so—otherwise he virtually endorses the error. Of course he need not remark upon slight and unimportant differences of opinion—this would generally be useless, and might sometimes not unreasonably be termed flippant and impertinent; but there often are points upon which, if an editor do not comment, he may not only be misconstrued, but the accusation of neglect may justly be laid at his door.

An editor should not puff a poor book because he happens to know the author—nor praise *every* book. Students and the profession generally have a right to expect a truthful analysis and opinion of productions, which, *if recommended* by those whose duty it is to examine them, they may purchase—*ergo*, the responsibility is not trifling, in the long run.

An editor should “live peaceably” with his brethren of the pen, “if it be possible”—*sometimes it is not!* He should not, however,

growl at trifles, but reserve his thunder for demonstrations which are worth using it upon. He should be ready to say a good word for those deserving it, especially in the day of their trouble—and who has not such days?

An editor should be unwilling to advance quackery by giving it the valuable *aid* of diatribes against it. The more he exposes its deceptions, vulgarity and pickpocket traits, the more, generally, will it be sought after, “pitied” and “embraced.” Yet, occasionally, and especially when valued friends are likely to be misled, or when the subject is unavoidably brought under notice, editors may open very efficient fire from the batteries under their command.

What, then, should be an editor’s conduct? Whatever is right, of course. As we have already implied, a shackled editor is a tool, merely—of use only at the caprice of its owners. An *independent* editor should be perfectly just and courteous, and such an one will probably be popular also. Very certainly he alone can be serviceable to the profession and the community; his opposite can be of no use except in the particularly small and contemptible sphere we have designated; and if a violent partizan, he may do a great deal of harm by fomenting quarrels, and giving a distorted aspect to whatever comes under his notice.

What censors, then, are there, or are any needed, for the medical press, except TRUTH, COURTESY and EQUITY?

#### CONGENITAL ABSENCE OF THE SUPRA-RENAL CAPSULES.

The following is a translation of a letter from M. Antoine de Martini to M. Flourens.

“At the present time, when the question of the vital importance of the supra-renal capsules excites so much interest medically and physiologically, and when attempts are made to resolve it by experimentation upon animals, the organs being removed and the effects upon life noted, I have thought it right to communicate the following facts to the Academy, showing *congenital absence of the supra-renal bodies*.

“At the Hospital for Incurable Patients, Naples, G. M., a man about 40 years of age, died of pulmonary tuberculosis. One of our young surgeons, M. Martone, whilst injecting the body for his private anatomical course, was surprised at first not to find the kidneys in their proper situation. Soon there was discovered, in front of the promontory of the sacrum, an ovoidal lobulated mass; being, in fact, a fusion of the kidneys into one body.

“This renal body received from the aorta one emulgent artery, which soon divided into four branches, to which the venous trunks corresponded, and which re-united in one emulgent vein. There were two ureters of the usual calibre, but very short. The bulk of the renal body was divided into five lobes, and its anatomical structure was that of the healthy kidney. This malformation was accompanied by *entire absence of the supra-renal capsules*; there not being a trace of those organs. Being interested in making observations of Addison’s disease, of which I communicated two examples to the Academy of Medicine, it occurred to me whether, in this case, the supra-renal bodies might not have become commingled with the single mass of renal structure. In order to resolve this doubt, I dissected each lobe

separately ; no vestige of the capsules was found. The specimen is preserved in the anatomical museum of the Hospital.

"The patient's skin was white ; he was 40 years old, and died of chest-disease ; he had strength enough to continue his labor as a cabinetmaker ; he was married, and the father of three sons."—*Gazette des Hôpitaux*.

---

*Tartrate of Antimony in Colic.*—The following suggestion is worth remembering. We are not aware that it is mentioned in the books, but it would seem likely to be effectual in cases of spasmodic contraction of the intestines.

MESSRS. EDITORS,—Having noticed several communications in your Journal lately upon the use of enemata containing tartrate of antimony in cases of rigidity of the os uteri, I would say, that I have used it in a number of cases and am pleased with the result. But the object of this communication is, to suggest to the profession the use of the remedy in the same way, but for a different trouble. Having a very obstinate case of colic, recently, which had resisted the remedies usually employed in such cases, I administered (as nearly as I could judge) three grains of tartrate of antimony in eight ounces of sweetened water, as an enema ; and, in about forty minutes, the obstruction yielded without any apparent additional nausea or prostration, and my patient rapidly recovered. I admit that this single case proves nothing. But if, in your opinion, the hint will be worth anything to the profession, you are at liberty to give it to them. I think, that should an opportunity present, I should try it again. Yours,

Shelburne Falls, Mass., May 13th, 1857.

C. PUFFER.

---

*Superfetation.*—We reprint the following report of an interesting case, by P. S. Woodward, M.D., from the *Nashville Journal of Medicine and Surgery* for May.

"On the night of the 20th of February, 1857, I was called to accouch a negro woman belonging to Mr. L., in the vicinity of Nashville. Her labor was natural, attended by no extraordinary symptoms. About seven hours after my arrival a black female child of ordinary size was born. An hour had scarcely elapsed before the birth of a white male child (dead) of larger size. The mother is a very black, unmixed negro. The children are certainly the offspring of two fathers, the one black, the other white ; as the second child was not an albino, but owed its color to a cross of the Caucasian and African races."

---

*Houston, in Texas, as a residence for Consumptives.*—Dr. James Cowling, of Houston, recommends that place as a most desirable residence for those inclined to consumptive complaints. In the May number of the *New Orleans Med. and Surg. Journal* he enumerates its advantages in this respect, and then sums them up as follows :

"First. The temperature of the place is very mild. For the winter months of December, January and February, we have a temperature of about 46 degrees, Fah. This includes the twenty-four hours round, giving to many days sufficient heat to be without fire. Second. The breezes prevail from the south, coming from the Gulf, then blow-



ing across the prairie, tempering it and making it very agreeable, pleasant and healthy. Third. Every facility exists for out-door exercise, either about town or in the sheltered woods around, or open prairie, and by railway or steamboat. Fourth. There are well-supplied markets, good hotels, and very agreeable society, with other advantages, although not so prominent as some already mentioned, nevertheless possessing, in conjunction, a beneficial influence on the patient."

*The Surgeon-General's Report.*—In our recent notice of this elaborate and valuable work, we intended to have alluded to the great obligations which are due from the profession to Assistant Surgeon RICHARD H. COOLIDGE, by whom, under the direction of the Surgeon-General, the Report was prepared, and to whose ability and industry a large share of its merit is owing. We regret that the accidental omission of the last sentence of our article prevented us from paying a compliment to Dr. Coolidge, which all who have examined the work will acknowledge to be just.

*Councillors of the Mass. Med. Society.*—We regret that the name of Dr. John Homans was inadvertently omitted from the "corrected list" of Councillors, furnished us by Dr. Charles D. Homans, Secretary of the Suffolk District Medical Society, and printed in our last number. The fault was ours.

*Health of the City.*—The season which is usually the most healthy in our city and neighborhood has now commenced, and we congratulate the community as well as our medical brethren upon the prospect of relief from sickness and from toil, which they will probably enjoy till the middle or end of July, unless some unexpected epidemic comes to disappoint our expectations. Having, however, suffered so severely from scarlatina during the past five months, we may anticipate, with more confidence than usual, an immunity from epidemic disease, for some time to come. The mortality during the past week (56) was unusually small; there were 15 deaths from consumption, 4 from scarlatina and 3 from inflammation of the lungs. The number of deaths reported during the corresponding week of last year was 83, including 18 from consumption and 8 from inflammation of the lungs.

---

ERRATUM.—In the last number, page 292, third line from the bottom, for "eye" read *eyelid*.

---

MARRIED.—In New York city, 13th inst., John Hazlett, M.D., to Miss Jane Bell.—In Cincinnati, 13th inst., Dr. Lyman T. Gunn, of Nashville, Tenn., to Miss Mary Ann Hall, of this city.

---

*Communications Received.*—Arm Presentation.—Extra-Uterine Foetation, with Co-existing Uterine Pregnancy.—Letter from the Committee of the Board of Health in Washington, D. C., in reference to the Epidemic of the National Hotel.

*Books and Pamphlets Received.*—Pamphlets referring to the Womans' Hospital in New York.—Abstracts of Returns of Criminal Cases in Massachusetts.

---

*Deaths in Boston* for the week ending Saturday noon, May 16th, 56. Males, 27—Females, 29—Accident, 1—apoplexy, 2—inflammation of the bowels, 1—inflammation of the brain, 3—cancer, 1—consumption, 15—convulsions, 1—croup, 3—debility, 1—infantile diseases, 5—puerperal, 2—scarlet fever, 4—disease of the heart, 1—inflammation of the lungs, 3—congestion of the lungs, 1—disease of the liver, 1—marasmus, 1—disease of the spine, 1—suicide, 1—teething, 4—thrush, 1—unknown, 3.

Under 5 years, 22—between 5 and 20 years, 2—between 20 and 40 years, 13—between 40 and 60 years, 11—above 60 years, 8. Born in the United States, 35—Ireland, 15—other places, 6.

*New Orleans School of Medicine.*—The first Annual Commencement of this school took place on the 15th of April. Degrees were conferred by the President of the Board of Trustees on twenty-three young gentlemen—and three others were admitted as licentiates in Pharmacy. A valedictory address was delivered by Prof. A. Peniston, of the Faculty, and one also by Mr. J. C. Legare, of the graduating class. The Obstetric Prize Cup, offered by the Professor of Obstetrics, was awarded to Mr. Wm. R. Brandon, of Mississippi.

A grant of \$20,000 has been made to this new institution by the Legislature of Louisiana, for the purchase of apparatus, &c. The faculty originally embarked in the school \$30,000—so that means are available to endow it most liberally.

The statement in the "Miscellany" of No. 9 of this volume of the *Journal*, respecting this school, should have been varied so as to say—what we learn from the *Medical News and Hospital Gazette* of that city is the fact—that although the school was not legally entitled to the privileges spoken of till a late act of the Legislature, it had "enjoyed" them through the courtesy of the Board of Administrators.

*County Medical Society in Tennessee.*—The physicians of Hardeman County, Tennessee, lately held a meeting in the town of Bolivar, and organized a County Medical Society. Dr. George Wood was chosen President, the other officers were also elected, the code of ethics of the American Medical Association was adopted, and gentlemen were appointed by the President to report, respectively, on the following diseases, viz.: cholera infantum, intermittent fever, typhoid fever, dysmenorrhœa, ulceration of the os uteri, prolapsus uteri, erysipelas, pneumonia, scarlet fever, hysteria.

*County Medical Society in Kentucky.*—The physicians in Christian County, Ky., have organized themselves into an association, to be called the Christian County Medical Society. The usual officers were chosen, April 6th, the code of ethics of the American Medical Association was adopted, and there were also appointed, by the President (Dr. A. Webber, of Hopkinsville), a chairman of a committee on each of the following subjects, viz.: arrangements, medical ethics, medical biography of the County, public hygiene, vital statistics, epidemics, obstetrics, improvements in medicine, improvements in surgery, treatment of insanity, improvements in pharmacy, medical topography of the County.

*Records of Longevity.*—A work with this title, by Thomas Bailey, has lately been published in London. It contains an account of persons who have lived to 100 years or upwards, including some remarkable cases under that period. In his introductory chapter the author says,—

"A few slothful men have attained to extreme old age, and so have a few gluttons and drunkards, or, at least, hard drinkers; but for the most part, and in an incomparably greater proportion, long livers have been distinguished for their sober and industrious habits."

"It may be safely doubted whether a single instance can be found, of a man of violent and irascible temper, habitually subject to storms of ungovernable passion, who has arrived at a very advanced period of life."

The editor of the *London Lancet* adds to the above, that centenarians are extremely rare in England. According to Dr. Webster, who is well versed in medical statistics, "no case has yet been recorded at either of twelve of the largest and longest-established insurance offices in London beyond ninety-seven at death; nor does any one whose life is at present insured exceed that period."

The last number of the *Nashville Med. and Surg. Journal* mentions several cases of individuals in that city over 100 years old.

*Medical Miscellany.*—Dr. John V. Lansing has been appointed Resident Physician at the Kings County (N. Y.) Lunatic Asylum, vice Dr. Bailey removed.—Dr. Samuel Boyd has been chosen President of the Kings County (N. Y.) Medical Society.—The collections in aid of the Inebriate Asylum in the State of New York amount to \$32,000. Buffalo has given \$2,000, and Albany, Rochester and Syracuse \$1,000 each. The total amount to be raised is \$50,000.—The *Western Lancet*, of Cincinnati, inserts in its May number the proceedings of the Boston Society for Medical Improvement for March 23d, without any reference to the source from which it obtained them.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. LVI.

THURSDAY, MAY 28, 1857.

No. 17.

---

## REMARKABLE CASE OF EXTRA-UTERINE FŒTATION, CO-EXISTING WITH UTERINE PREGNANCY.

[Communicated by Drs. Löw and Lumpe to the Royal Academy of Physicians at Vienna, and translated for the Boston Medical and Surgical Journal, from the *Wochenblatt der Zeitschrift der k. k. Ges. der Aerzte Zu Wien*, by CALVIN ELLIS, M.D.]

THE patient was first seen by Dr. Weisweiler, of Pressburg. She had always enjoyed good health, had given birth to three children, and had aborted five or six years before. On Nov. 28th, 1854, she was suddenly attacked with violent pain in the hypogastric region. It was then ascertained that menstruation had ceased four months previously, without subsequent derangement of the general health.

Externally, the uterus was felt above the pubes, of the size of a child's head, and very irritable. The finger could not be passed into the cavity of the uterus, though the os externum was open. The latter was directed to the inner surface of the pubis. The lips were swollen and very irritable. The neck was almost obliterated; the body in an enlarged and turgescient state, inclined toward the right side.

Under the supposition that pregnancy existed in connection with obliquity and inflammation of the uterus, the antiphlogistic treatment was adopted. In eight days the fever and pain subsided, and the patient was discharged. A fortnight afterward, labor pains unexpectedly came on, with great metrorrhagia, but ceased at the end of twenty-four hours, under the use of cold applications and a mineral acid. Soon after, the woman was able to go out, and performed her household duties.

Early in January, while out, one very cold morning, she was attacked with pains in the hypogastrium, so severe that she was with difficulty carried home. The treatment was, for the most part, the same as before, and toward the end of the month she was able to leave her bed. Some days after, she was again attacked with pain, soon followed by the expulsion of a body which proved to be a blighted fœtus. This occurred at the end of the fifth month



of pregnancy, and was followed by a cessation of the pain and a diminution in the size of the uterus.

Still, the general health of the patient was much deranged, and, when seen by Dr. Löw on the 20th of March, 1855, she was pale, emaciated, and suffered excessively from pain. There was some dyspnœa. The pulse was 96. The abdomen was tense and hard. Though a careful examination was made, neither movements, nor the sounds of the fœtal heart, nor the placental murmur, could be detected. The uterus projected about three inches above the os pubis, and, when the bladder was empty, could be distinctly defined. The dulness extended as far as the right hypochondrium, where an internal tumor could be felt. Examining the patient in the erect posture, a finger could be passed into the cervix uteri as far as the os internum. Behind the cervix, could be felt an uneven body, larger and firmer than a child's head. It was not sensitive, could be moved upward, and lay to the right of the uterus, not higher than the pubes. The same mass was felt through the rectum. It was evidently a body distinct from the uterus.

The woman thought she had perceived movements, but the sensation was different from that which she had before experienced when pregnant, and was obscured by the excessive pain. On the 26th of March, a thorough examination of the patient was made by Dr. Lumpe, who detected neither movements nor pulsation. It was concluded that the uterus was empty, but the existence of extra-uterine pregnancy could not be determined.

In the mean time the os internum had been artificially dilated, and a sound introduced, the last time on March 30th.

During the night of March 31st she was restless, and vomited everything taken. On that day undoubted signs of the presence of a fœtus were noticed. Behind, and to the right of the os uteri, a pulsating artery was felt, synchronous with the pulse of the mother, which was 90. About an inch to the left, and above this point, was a second pulsation, of 138 to 140 in a minute. The sounds of the fœtal heart were not heard, but the movements of the fœtus were distinctly felt. On inquiry it was ascertained that nothing unusual occurred at the time of conception, the date of which could be accurately determined.

On the 4th of April the patient was seen by Professor Oppolzer. As the pulse of the mother had become more frequent, and her strength had declined, the practicability of an operation for the delivery of the child was discussed, but it was finally determined to leave the case to nature. The pulsations of the fœtal heart were this day detected on the right side of the abdomen. On the 10th the patient was better, and she continued to improve afterward. Different parts of the child were felt from time to time through the abdominal walls, the breech resting upon the upper part of the vagina. On May 25th the arterial pulse of the child was felt in the vagina

for the last time, and the movements, which were then very indistinct, ceased on the following day. The mother had so far improved that she was able to leave her bed for several hours. The lower part of the abdomen, however, now became irritable, there was much pain in the sacrum, increased febrile action, and a discharge of mucus from the vagina. The breasts were hardly at all distended, and only a little serous fluid could be pressed from the nipple. In a few days she was decidedly better, and at the end of July went home in blooming health. In the mean time the abdomen had become less distended, the foetal head could be felt lower down, and the part presenting in the vagina was less round and projecting. On the 4th of October the woman was in perfect health, and had already menstruated three times. The os uteri was closed, and not easily reached; the uterus smaller and firmer. Various parts of the child were still easily felt.

Dr. Lumpe, in his remarks on this case, claims that the pulsation of a foetal artery in the vagina, discovered by him, must be regarded as a new diagnostic sign of abdominal pregnancy, and one of great value. The fact that it was only found after the most accurate examination, shows how easily such a pulsation may be overlooked unless special attention be paid to this point. Such a diagnostic sign has an incontestable superiority over others, on the following grounds:

1. The demonstration of a pulse as rapid as that of the foetus will alone suffice for the diagnosis of extra-uterine pregnancy, because in intra-uterine pregnancy the intervention of the vaginal and uterine walls would render it impossible to detect such a pulsation.

2. On account of the position of the ovum, and the peculiar arrangement of the vessels in these extraordinary cases, it would probably be possible in most, if not all instances, to discover some pulsating artery belonging to the foetal vascular apparatus, if sufficient time is taken and the examination is made with great care.

3. When we consider, in some cases of extra-uterine pregnancy, how impossible it is to detect either movements or the pulsation of the foetal heart, and how difficult it is, even when the latter are heard, to determine whether they belong to a foetus within or without the womb, the great value of this new diagnostic sign will be recognized.

4. Another advantage is that the examination must be made with the greatest delicacy, so that the danger of separating the ovum from its points of attachment by a rough external examination is avoided.

Dr. Löw states that Bonisch mentions a case where a lithopædion was expelled through the vagina at the same time that two living children were born, but after examining with great care the literature upon the subject, he finds nothing like his own case.

In some general remarks upon this subject, he says, It is well known that there are four different varieties of extra-uterine pregnancy, the ovum lying either in the ovary, the Fallopian tube, the substance of the uterus, or the abdomen. In the first three varieties, a rupture of the part containing the ovum generally takes place in the fourth or fifth month, and is followed, for the most part, by the death of fœtus and mother. The tube or substance of the uterus may even burst in the third month, with the same results. In most cases the left ovary or the left Fallopian tube has contained the ovum. In the fourth and most common variety, that of abdominal pregnancy, the fœtus lies in the cavity of the abdomen, the placenta being attached either to the omentum, the ovaries, the Fallopian tubes, or the uterus; and, as in one case, to the posterior walls of the abdomen, near the kidneys. As, in many of the cases, the fœtus has been expelled through the rectum and vagina with favorable results, it has been determined, where there is no doubt about the diagnosis, to undertake the abdominal section to free the child; or where, as in our case, the latter rests upon the fundus of the vagina, to remove it by a vaginal incision. On consulting authorities upon this point, and especially Meissner, we learn that, unfortunately, the majority of these operations, even if the children were saved, cost the mothers their lives. Errors in diagnosis have also been made, and where it was thought a fœtus would be removed, something of a very different nature has been found. Thus, Hillenkamp relates a case where, instead of a blighted fœtus, there was found a gall-bladder containing many calculi; and Schopmann gives another, in which the diseased large intestine was the cause of error. The abdominal section has been known since the sixteenth century. Cornax did it in 1545 in Vienna. Ring, in 1820, saved both mother and child by the vaginal section. In 1824 Ruth performed the vaginal section, in the fourth year of pregnancy, and saved the mother. Meissner relates, that in 1801, Schmitt, in a case of abdominal pregnancy of three years' duration, extracted the fœtus still living, though apparently dead. This should be regarded as an old woman's tale, rather than a medical fact. Hoffmeister found, after death, in the lower part of the abdomen, a small, badly-nourished fœtus, within its membranes, with the umbilical cord passing through the right Fallopian tube into the cavity of the uterus, where the placenta was attached. The membranes surrounding the fœtus outside of the uterus were completely formed. Dr. Hussian informed the writer that he had, several years before, treated in Vienna a woman, through whose rectum fœtal bones passed. Kelian cites twenty-five cases, in twenty-one of which the life of the mother was preserved and four children were saved. Scanzoni considers it impossible that the result should have been so favorable, for in the Cæsarean section 62 per cent of those ope-



rated on die. This discrepancy probably depends upon one-sided and defective statistics, for Nagele and Wilde have already become cognizant of twenty-three cases, all of which terminated fatally, and which were not reported by the physicians on account of their unfavorable termination. In 1821, there was presented to a Parisian medical society a cat with abdominal pregnancy. Lecuis mentions a case in which urinary calculi had formed around foetal bones which had probably made their way into the bladder, after the formation of an abscess, though the case is reported as one of vesical pregnancy.

From calculations based upon the known cases of extra-uterine pregnancy, it will be fair to assume that one of the latter occurs in every four or five hundred thousand natural pregnancies.

## SPIRITUALISM.

BY WALTER CHANNING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THIS subject is of deep and wide and popular interest. It occupies, almost exclusively, many minds—minds of various power and different culture. Whenever it enters the mind, it fills it. And why should it not? How could it be otherwise? What more solemn, and what can be more attractive than a science, the object of which is the unseen world, the habitation of the dead—of *our* dead—and which says it brings from heaven again to earth the dearest and best remembered, or which claims to hold intercourse in the spiritual world, through mediums, with the happy dwellers there? Said one to me, and he the straitest of his sect, “I have far, far more pleasure in the society of those members of my family who are dead, or rather, who have *passed away*, than with those of it who remain with me on earth.” It was a passing thought, but it came, that there might be others in this “naughty world,” who would agree in this declaration with my friend the Spiritualist. The Spiritualist believes in facts of sense, and in the agency by which they are made known. He says he has the evidence of sense—of sight and hearing, in the first place, which is the basis of assent—and, in addition, and paramount to this, the “evidence of things not seen” or heard, which is the basis of faith. Chairs move; tables are turned legs upward, while their tops rest gently on the heads of those standing under them. The voluntary action of others is claimed to be controlled, and that things are grasped and held by forces which cannot be overcome. Many years ago, at the latest advent of mesmerism, a man came to America from France, named Poyen. He was quite successful in practising mesmeric phenomena. A friend of mine—a near relative—attended some sittings,

and we talked about what we saw. I said—"I do not know, I do not understand, how the will of M. Poyen can raise the arm of another person, keep it suspended, or bend it so that he cannot straighten it again." Said my interlocutor, raising his arm, "I do not understand, I do not know, how I raise this mass of solid matter—this arm of mine. Why should I question the power of M. Poyen to do the same with another mass of matter, out of himself—for instance, my arm? Why may not his will—since will is but one thing, the action of the same power belonging to all living beings—do with my will what he wills, and act upon my arm as readily as upon his own—nay, control my voluntary actions just as he does his own?" The questionings came from a man of strong and thoroughly-cultivated intellect, and who was habitually careful about what he said—in whom moral and intellectual responsibility was a deep and abiding principle—duty—and who labored to be true to his convictions.

Spiritualism was said to be a matter of deep present interest. It is indeed a phase of mesmerism, but not the less claiming the profound consideration in which it is held by its disciples; and at the same time not the less asking, and demanding and receiving, the thought of the best thinkers. It should not be ridiculed nor contemned. Ridicule is no longer the test of truth; and contempt is the most unwise and unworthy of intellectual operations. The man who treats another with contempt is faithless to the great principle which constitutes humanity—

"The Inspiration of the Almighty, which hath given him understanding."

It was a philosopher, and a wise one too, who said:

"There are more things in heaven and earth, Horatio,  
Than are dreamt of in your philosophy."

Spiritualism, we are told, has other agencies besides "table-tipping" and chair-moving. It has power, it is said, to learn the nature of, and to remove disease. It is on account of this alleged agency that the writer has been led to notice it. He has never witnessed its more popular operations. The table has not moved when he has been present; and other spiritual manifestations have failed to be made. He has no evidence to offer, therefore, of the power here claimed, but of the exercise of which, how can he doubt, as it has been stated to him by too many, and too competent witnesses, to allow him to question their statements. Mistakes, however, are now and then made, of which the following is an instance. A letter was received and opened by the writer, which was intended for another person of similar address. Its contents were said to have been communicated from a deceased husband in heaven, to a medium, to be sent by the latter to his widow. It ended with "dear *Elizabeth*." The widow's name was *Ruth*.

My professional acquaintance with Spiritualism has not been

large, and I shall report at this time only two cases of disease for which relief has been sought from dwellers in heaven.

CASE I.—Miss —, a maiden lady, and somewhat beyond the “middle ages,” had for a long time suffered from indigestion. At length the disease assumed a very grave character. Not only could the stomach not bear any food, liquid or solid, simple or compound, but the matters vomited were black—as black as a “crow.” The abdomen was tender, especially in the region of the stomach. I was asked to see the patient in consultation. The address was reached in due time, but the consulting physician had not arrived. After waiting the fifteen minutes allowed to difference of time, or watches, it was suggested that it might not be necessary for me to wait longer. Miss — was now visited. She was in her bed, but received me very cordially, and presented very slight traces, if any, of disease. She did not seem in the least emaciated. Her complexion was clear, and of a due mixture of red and white. There was quite a remarkable animation about her address. She spake and smiled so naturally, that one would hardly suppose she was in any degree ill. Upon inquiry of symptoms, she said that her life was despaired of—that so ill was she the last night, that it was supposed or predicted she would die before morning—that her disease was of a most serious character, being nothing more nor less than cancer of the stomach—and finally, that nothing would remain in the stomach, but that instead of keeping down, everything came up. Careful examination was now made of the region of the stomach, and of the whole abdomen; but nothing was discovered denoting any disease whatever. The examination was made especially with a view to ascertain if cancer of the stomach existed, but the discovery did not reward the labor. An opinion, founded on the exploration, was given;—that there was no cancer—there was no evidence of impending death. Miss — was advised to get up, dress, and go about, and to eat in moderate quantities such articles of food as were most desired. After much agreeable conversation—as with an intelligent lady conversation so frequently is—the consulted withdrew. He has not seen Miss — since, but recently, on inquiry of a relative of hers, he learnt that she was perfectly well. The writer expressed his pleasure at the information, but was told that the credit belonged elsewhere; that, being a Spiritualist, she had consulted a medium, who applied to my late friend, Dr. — —, and received advice from him, which being followed, recovery had taken place. Pleasure was expressed that my deceased friend was in the kingdom of heaven; also a desire to be informed what professional advice he had given. It was short and comprehensive, namely: *To drink no wine, and to sit in the sun.*

CASE II.—Mrs. — has children; has long been confined to house, and much of the time to bed, with that numerous catalogue



of complaints which have their cause in uterine functional troubles and displacements, which disturb all other functions, nullify the will, and so make useless the whole system of voluntary action; producing one of the saddest, because, to the sufferer, one of the most hopeless, of conditions. To such a case a Spiritual medium, of alleged large endowments for such an office, was called. The writer having some professional relations to the case, was invited, on request, to be present, to attend the consultation.

The attending physician, together with the medium and the writer, met at the appointed hour. After some conversation, the medium said he was ready to begin. Being asked if any physicians were present from the spiritual world, he said there were three—viz., the late Dr. S——, the late Dr. ———, and a late botanical doctor, who, on earth, lived in ——— St. It was agreed that Dr. ——— should be consulted. The medium having bandaged his eyes, sat down near by the side of the bed on which the patient was lying, and bending over the lower part of the trunk, exclaimed, very gently, “wonderful! what curious, what various things do I see!” He was asked if he saw a tube from the spleen going to the womb. He said, “yes”; and being asked how it looked, he replied, “considerably large, and inflamed.” How or where does it terminate? was the next question. “In the Fallopian tube,” was the answer. The appearance and situation of the womb were next asked about. It was described as of a triangular shape, and its end turned somewhat backward, being out of its natural direction—anteverted.

The writer having frequently had conversations with the late Dr. ———, before his death, upon a condition of the womb, concerning which there was an entire difference of opinion between them, was very desirous to learn of the doctor what were his present views of the subject; in other words, if his later opportunities for superior knowledge on this and all other subjects had led him to change his opinion concerning a subject of their frequent amicable disputes. The affection referred to was hour-glass contraction of the womb, a complication of labor painful in itself, and severely so in its surgical requirements, and not without danger. This accident, it is well known, is universally believed by medical men to be owing to a contraction of the womb after delivery, at some point between its fundus and mouth. The consequence is, that a portion of the womb remaining uncontracted *above*, and a portion being in the same state *below* the contraction, a figure resembling the *upper* and *lower* chambers of an hour-glass is produced. Dr. ——— believed there was great error in this explanation of the case, and that the upper chamber, so to speak, of the hour-glass comprised the *whole* of the *uncontracted* womb; while the supposed stricture was nothing else nor more than the *closing of the os uteri*, the *lower chamber* being the *dilated vagina*. After some

apparent deliberation on the question of Dr. ——'s present opinion, the medium said, "Dr. —— thinks *hour-glass contraction a very good thing, and should certainly recommend it.*"

In the course of the consultation, the medium declared, again and again, that he had no knowledge of anatomy or physiology, and absolutely knew nothing of the terms or language of these sciences. These declarations were made in connection with his frequent use of the technicalities of these sciences. This statement is made, because it has been suggested that the form and situation of the womb in Mrs. ——'s case—*anteversion*—as described by the medium, having been again and again described to the patient, and the means used for reduction and support also stated to her, the medium might have obtained his knowledge spiritually from the patient, and not from the late Dr. —— . The writer, it should be added, has never given this or any other explanation of this part of the statement of the consultation of the medium with the spirit of Dr. —— .

Having now finished the account of the anatomy, physiology and pathology of this consultation, let us pass to its therapeutics. Dr. —— was inquired of as to the remedies in this case. These were numerous; so many were they, that the writer, having begun a catalogue of them, abandoned the task as an impossible one. The list embraced all sorts of articles, vegetable ones entirely—and for a moment one might suppose that the —— St. botanic doctor, being tired of hearing our friend ——, had "pushed him from his stool;" and had usurped his place and office. Not only numberless were the plants and herbs named, but they were as diverse, as it regards their reputed medicinal effects, as they could possibly be. They were contradictions multiplied. The writer well knew that his late friend Dr. —— had always so far agreed with Paracelsus as to adopt many of his anti-Galenical therapeutic recommendations. He certainly never ranged with the botanicals—or rather Indians—that wing of the medical faculty being wholly *sylvan*. Then the quantity of these numerous vegetable antagonisms! This was not the less striking than the things themselves. Next, the quantity of water in which they were to be *infused* or boiled. Next, the quantity to be daily swallowed, which was to be in pints and quarts. This last was the most thought of by the preceding medical attendants in the case, as so much difficulty had been encountered by the patient in taking into the stomach even the smallest quantity of food and drinks, which had been directed by them. Not the slightest objection was now interposed by patient or friends; and, as far as known, what was taken, whether all that was prescribed, or less, produced not the least annoyance. At least the writer has not learnt that it did; for since the spiritual examination, he has not had any connection with the case. Many

months have, however, now passed, and quite recently it was hinted that perfect health was not yet established.

It having been the purpose of the writer to avoid comment concerning what he heard in the consultations above reported, he does not mean to depart from that purpose now. He would only ask the attention of the physicians who may read the report, to the latest opinions of Dr. — about hour-glass contraction, especially their relations to a subject which so deeply interests the popular mind;—namely, spiritualism.

DR. EDWARD BROWN-SEQUARD'S EXPERIMENTAL AND CLINICAL RESEARCHES APPLIED TO PHYSIOLOGY AND PATHOLOGY.

[Continued from page 278.]

NORMAL blood contains substances which may act like poisons, either after a change in their chemical composition or when their quantity is increased. But very few of these deleterious substances cause convulsions, directly or indirectly; most of them kill without producing phenomena resembling those of a real fit of epilepsy. When the cutaneous perspiration is stopped, after the skin has been covered with a layer of varnish, as in the experiments of Fourcault, Magendie, Becquerel and Breschet, the animal dies, without having epileptiform convulsions.\* There is also normally in blood a deleterious principle, the accumulation of which, during a fit of epilepsy, must certainly be the cause of greater violence in the convulsions than there would be if the quantity of this poison did not increase; we mean carbonic acid, or else some other substance which accumulates in the blood at the same time with this acid. In this respect the theory of epilepsy of which we have now to speak—that of Dr. Marshall Hall—has some relation with the humoral theory of Dr. Todd.

According to Dr. Marshall Hall, epilepsy, when it begins to exist, depends upon an increase of the excito-motor power in what he calls the true spinal cord. He thinks that after a great number of fits, the reverse exists; the patient is in a state of exhaustion, due to the loss of the excito-motor power which accompanies each seizure, while the re-production of this power is not

\* Concerning this subject, I have made many experiments, the details of which will be found in another paper. I will merely give here some of the principal results: 1. The glands of the skin in the higher animals, and probably in man also, eliminate a poison; 2. These glands are in many respects analogous to the venom-glands of the toad, the salamander, and also the viper and rattlesnake. 3. When these glands (in the higher animals as in the reptiles) are taken away, or rendered unable to act, the poison that they naturally eliminate accumulates in the blood, and usually death occurs quickly; 4. It is wrong, therefore, to say that the venom is not a poison for the animal that produces it; 5. If it seems that the rattlesnake, for instance (and the same thing might be said of the toad, the viper, &c.), is not poisoned by its own venom, this depends upon the fact that when introduced into the blood by absorption, the poison is quickly eliminated by the venom-glands; 6. When these glands have been extirpated, the animals are poisoned by their own venom; 7. The sweat of the dog seems to be much more poisonous for a rabbit than for a dog, and *vice versa*.



adequate to the loss. He acknowledges, however, that although exhausted, the patient is then in a state of extreme susceptibility to new fits. (See one of his latest publications; *Aperçu du Système Spinal*, Paris, 1855, p. 139-140.) Elsewhere, Dr. M. H. says that an epileptic fit is an excessive excitement of the medulla oblongata, the centre of the reflex actions (*loco cit.*, p. 115). He thinks that the causes of inorganic epilepsy act either directly or indirectly upon the nervous centres, so that the convulsions may be direct or reflex (*loco cit.*, p. 108). The true spinal cord having no spontaneous action, and epilepsy depending upon this nervous centre, the result is that this affection consists only in *excited* actions, either direct or reflex. (*Loco cit.*, p. 206.) Dr. M. H. says, "A spasmodic affection of the larynx has obviously much to do in this disease, as well as in the crowing inspiration, or croup-like convulsions of infants; so much, indeed, that I doubt whether convulsion could occur without closure of that organ." (*On the Diseases and Derangements of the Nervous System*, 1841, p. 327.) The eminent physiologist, however, admits now that the closure of the larynx, *i. e.*, *laryngismus*, does not necessarily precede or cause the convulsions of epilepsy. To complete the exposition of his views, we have to say that he feels much embarrassed concerning the loss of consciousness. He seems inclined to attribute it to the obstacle to the return of venous blood from the brain.

To sum up the views of this distinguished physician, we will say, 1st, That he places the seat of epilepsy in the excitable part of the cerebro-spinal axis, and more in the medulla oblongata than elsewhere; 2d, That he thinks there is an increased reflex power in the beginning of the disease; 3d, That he admits that the convulsions are frequently due to the asphyxia caused by the closure of the larynx.

We do not think it worth while to discuss the views of Dr. Marshall Hall; a few remarks are sufficient to show that they do not contain an acceptable theory of epilepsy. In the first place, how can this affection at one period of its existence depend upon an increase of the reflex power, and afterward persist, when, according to Dr. Hall, the reflex power is diminished? How can the intense excitement of the medulla oblongata, in which he supposes that epilepsy consists, explain the loss of consciousness which is so frequent in this disease? As there are cases of epileptic loss of consciousness without contraction of the muscles of the neck, the obstacle to the return of blood from the brain cannot be considered as the cause of the cessation of action of the brain. Besides, how can a cause of increased action of the medulla oblongata be a cause of loss of action in the brain?

But although Dr. Hall has not published an acceptable theory of epilepsy, we think he has done much for it in calling attention

to the phenomena of laryngismus and trachelismus. We will show hereafter that the state of asphyxia which depends mostly on laryngismus in epilepsy is, in some respects, a more important fact than Dr. Hall himself admitted.

[To be continued.]

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

APRIL 13.—*Encysted Tumors of the Lid, following the introduction of Lime into the Eye.*

Dr. BETHUNE related the case of a man under his charge who was attacked with severe adhesive inflammation of the conjunctiva of the globe and lids, resulting in destruction of the sight and union of the lids to the globe. After this had healed, there appeared an encysted tumor in the upper lid. This was removed, and was found to be made up of a thin cyst containing an oily fluid. Soon after, another made its appearance in the neighborhood. The application of the tincture of iodine was tried, and the tumor has become softer, less defined, smaller, and is apparently dispersing.

APRIL 27th.—*Abdominal Pain caused by Coffee and Tea.*—Dr. COALE related a case in which the patient was otherwise in good health, though with some tendency to derangement of the bowels. Upon rising in the morning, he would feel perfectly well and vigorous, and would so remain until about an hour after breakfast, which meal was always light and simple, and always followed by a good, free discharge. A pain would then commence below the epigastrium and gradually extend itself laterally—sometimes radiating downwards, apparently through the small intestines, but its chief seat being horizontally across the abdomen above the umbilicus. In its character it was very peculiar, not remarkable for its intensity, but yet horribly agonizing. Sometimes there would be very little of it, and yet that little would distract the attention and exhaust the strength far more than much severer pains in other parts, and of a different character. It was accompanied, even in its mildest form, with a degree of irritability of temper entirely incommensurate with the exciting cause. There was also, during the persistence of the attack, not an inability, but an indisposition, to take inspirations of the usual fulness, though it was not in the slightest degree painful to do so; indeed, when the imperfectness of the inspiration required that it should be compensated for by one of increased depth, it did not cause the slightest aggravation to suffering. Ordinarily the attack got to its height in a half hour, lasted in full strength for an hour or an hour and a half more, and then began to subside, entirely going off between one and two o'clock, leaving the patient well, except when the attack had been of unusual violence, when a degree of debility would follow, caused by nervous exhaustion. At dinner the appetite was good; the food, often meat, was well digested, and the remainder of the day was not only free from suffering, but passed in the enjoyment of full health and strength.

In searching for the cause of this suffering, the tongue was found clean; the appetite good; no distress from food; the bowels were free; there was no hardness, tenderness, or tumefaction over the abdomen. The stools had the normal amount of bile. There was no deposit in the urine but once, and the quantity was natural. This was watched carefully, from the circumstance of the patient having some years before suffered from rheumatic gout—that is, violent attacks of pain, attended with heavy deposits of urates. Finding no explanation in the condition of the abdominal organs as far as ascertained, the ingesta were looked to. The water of the house, and of a soda fount, was boiled down and carefully analyzed, and but a very faint mark of lead was found, evidently too slight to afford any explanation. The food was varied, and to a great degree, but without any results. Sometimes the bowels might be disturbed by cold or by indigestible food, causing diarrhoea and pain; but this seemed to be independent of, and separate from, the other trouble.

The remedies were but two. Thinking that the trouble might be in the liver, and that though this organ appeared to be doing its work, it yet might be congested, blue mass and taraxacum were taken, but without benefit. Opiates were used occasionally during violent attacks, but owing to unimpressibility of the subject, even in large doses they had very little effect—not enough to pay for their after effects. Alcoholic stimulus was tried during the paroxysm, and never with the effect of lessening the pain, while sometimes it evidently increased it. It replaced, however, the nervous energy expended, and thus, at the close of an attack, sometimes gave comfort.

This was the state of things when I presented the case to Dr. John Ware, who, remarking that the attack was too late to be caused by ingesta of the day before, and too soon to be explained by the solid ones at breakfast, thought the offending substance must be sought in the liquid, and consequently more readily diffusible, portion of the last meal. This was coffee, which was at once given up, tea being substituted. For two days the attack failed, but then returned, and coffee was about to be resumed as not being the offending cause. Dr. Oliver then suggested that tea used strong, and a pint at the meal, might produce the same effect as coffee. This was also given up, and milk and water substituted. Freedom from pain was not experienced until the third day, but since then it has not been felt, except when by inadvertence, or, as has been done three or four times as a test, coffee or tea has been taken at breakfast, when the pain would return in a degree proportioned to the amount taken. This has been tried, Dr. C. thought, sufficiently often to establish the fact beyond all doubt, that the cause of this peculiarly agonizing affection was the use of these two familiar articles of food.

It may be considered strange, however, that coffee has been taken once in the evening, and tea is taken every evening, without producing any bad effect. Possibly this may be from the fact of its not being so strong, or taken in such large quantity, or from its being received into the stomach still partly occupied with the remains of the dinner.

APRIL 27th.—*Diffuse Inflammation of the deeper-seated Tissues of the Thigh; Purulent Absorption; Autopsy.*—Dr. STORER read an account of the case, which was sent to him by Dr. BEMIS, of Medford.



Dr. Bemis was requested to see the patient for the first time, on the evening of the 29th of March. He found a boy of about 14, of a generally scrofulous appearance, complaining of severe pain in the left hip, which was the affection for which advice was requested. This was the only complaint made. On inquiry, it was found that he had been out every day till then, and on the 27th or 28th, had carried a heavy basket leaning on the hip; which, he supposed, to be the cause of the trouble. Dr. B. afterwards ascertained that two or three years since, he had had a kick of a horse on that part, which, however, gave him little trouble. The pulse was slightly quickened. The pain seemed quite severe; there was, however, little or no swelling or heat, and but little tenderness. Motion of the joint much increased the pain. Dr. B. suggested that there might, very probably, by and by, be abscess in the part.

As the bowels had not been moved for three or four days, some laxative medicine was directed before he should take morphine; and as it was then evening, leeching was postponed till the next day. In the mean time, he was ordered to cover the joint with a fomentation of poppy leaves.

On the following morning, he was reported to have had eight or nine dejections, and to have taken, once or twice, small doses of morphine. He was generally rather more comfortable; the pain in the hip somewhat less, with slightly more swelling. Pulse, rather below par. Dr. B. thought it best to omit the leeches, but the patient was directed to continue the opiate sufficiently often to keep the pain in check.

March 31st and April 1st, he was about the same; able to sit up part of the time, but with a good deal of pain about the hip—without much swelling or heat.

On the morning of the 2d, the pain in the hip was much less, but there was *great* pain, tenderness and swelling in the wrist of that side. The pulse was much quicker, and there was more general heat. A laxative was ordered, and to the morphine was added colchicum in powder, in the proportion of three grains of the latter to one-eighth of a grain of the former. This was to be taken every four hours, and the elixir of opium in the intervals, if the pain was severe.

On the 3d, the wrist was easier, but there was pain, swelling and tenderness in the *ankle* of the other side—the hip and wrist continuing very tender, but freer from pain. On the next day, there was pain and swelling in the muscles of the right side of the jaw; the ankle was less painful; the wrist and hip much as on the 3d.

Early on the morning of April 5th, the patient was looking generally worse; was much more restless; the respiration was somewhat quickened; the pulse rather over 100; and he complained of some pain in the left side. No abnormality in the sounds of the heart could be detected. Dr. Storer now saw him in consultation. There was very little swelling about the hip—certainly no boggy feel or fluctuation. Auscultation revealed no abnormality in the chest. He had a dejection, and the opium and colchicum were continued, as advised by Dr. S.

In the evening, the patient became more restless and slightly wandering. Pulse 110.

He died early on Monday morning—having just gone back to bed after sitting up in a chair.

*Autopsy* by Dr. ELLIS.—Just beneath the pleural surfaces of the *lungs*, particularly of the upper lobes, were yellowish spots from one to three lines in diameter, surrounded by blackish areolæ. On cutting through these, but very little if any softening was noticed, certainly no distinct purulent deposits—though they were at once considered the result of purulent absorption. In the deeper seated parts of the lungs were similar appearances, though the color was more reddish. The pulmonary tissue in other respects was normal.

The fluid in the *pericardium* had a somewhat purulent look. Nothing remarkable was noticed in the *heart* or its contents.

The *abdominal organs* were healthy.

In the deeper-seated muscles, and between the periosteum and the bone of the anterior and inner part of the *thigh*, extending from the trochanter major nearly to the knee, was a collection of pus, not large, though spread over so wide a space. No better idea of the quantity can be given than by stating that it was wiped away with a sponge as the incision was prolonged down the limb. The muscles nearest the bone were infiltrated with this, or formed a portion of the walls of the abscess. The *periosteum* was separated from two thirds of the circumference of the bone at the upper part, and partially destroyed. Below, the line of separation ran inward and downward nearly to the knee, the membrane, though raised, being still firm and white. The *bone* itself was perfectly smooth, but at the upper part somewhat bluish. The pus had separated, for a short distance, the articular cartilage from the head of the femur, but the *hip-joint* showed no signs of inflammation.

Dr. STORER stated, in reply to Dr. CABOT, that the patient had not, to his knowledge, suffered any injury of the foot or leg, nor had any erysipelatous affection.

Dr. CABOT alluded to the case of a child in which there was deep-seated pain in the thigh, and afterward fluctuation: and an opening having been made, the bone was found denuded of the periosteum for the space of four inches. In this case, it was ascertained that the child had previously injured the foot with a board-nail, and that there had been a blush extending up the leg.

Dr. C. E. WARE referred, in this connection, to two cases of periostitis reported by him some time since, which may be found on page 50 of the second volume of the Society's Records.

APRIL 27th.—*Typhoid Fever; Death from Hemorrhage from the Bowels; Sacculated Bladder.* Case reported and specimen shown by Dr. C. D. HOMANS.

The patient from whom this specimen was taken, was a gentleman 63 years of age, of medium height, and quite fleshy. When about 30 years old, he began to complain of shortness of breath and an uncomfortable sensation of fulness about the region of the heart, coming on at first after violent exertions, but during the last ten years of his life being nearly constant, amounting at times almost to pain.

During the last twenty years, he was troubled with uneasiness and pain in the lower part of the abdomen, accompanied with frequent and difficult micturition. Toward the end of his life these symptoms were greatly aggravated. In January, 1854, he had a paralytic stroke, the

parts affected being the right hand and arm and right side of the face. In two months he had recovered, save that always afterward he complained of a sensation of general fatigue and weakness, and increased irritability of the fauces. June 3d, 1856, after a journey to the South, he complained of restlessness, and appeared very feeble without any marked symptom. June 28th, he sent for his physician, Dr. John Homans, who found him with symptoms of well-marked typhoid fever, and much prostrated, though not entirely confined to his room. His symptoms, however, were soon much aggravated, so that he was obliged to take to his bed. July 10th, at 4, P.M., he was attacked with hæmorrhage from the bowels, continuing till about 6 o'clock on the following morning. He was somewhat weakened by this, and though he seemed, after two or three days, to have improved in strength, yet he never was so strong as before the attack. His bowels were inclined to constipation, though at times he would have a loose discharge. Meteorism was slight, and there were no nervous symptoms. The mind was always clear and equable. The treatment consisted in the administration of cooling mixtures, diluents, &c.; after the first attack of hæmorrhage, the *tinctura acidi sulphurici* was given, and seemingly with benefit. Stimulants were allowed from the beginning of his sickness, such as brandy and water, claret, &c., there having been a tendency to prostration from the outset. His pulse was never very much accelerated, generally ranging from 80 to 90 beats in the minute.

July 20th, hæmorrhage again occurred from the bowels, and did not cease until his death on the 21st, at 4, P.M.

A few days before death, an elastic tumor was discovered in the left iliac region, extending from a point opposite the umbilicus into the pelvis, somewhat indistinct on account of the size of the abdominal parietes. This was suspected to be the distended bladder, but as the patient refused to have a catheter passed, and micturition seemed sufficiently free, the state of this organ was not diagnosticated during life.

*Autopsy*, 20 hours *post-mortem*, the body having been preserved in ice. *Externally*, there was some degree of rigidity; no emaciation.

The head was not examined.

*Thorax*.—The *pericardium* contained the normal amount of fluid. The heart was somewhat enlarged; the *right cavities* contained some fluid blood, but no coagula. The *left cavities* were empty. The free edges of all the *valves* on each side of this organ were thickened by atheromatous deposit, this being most marked in the *mitral* and *aortic valves*. The commencement of the *aorta* was slightly dilated and stiffened by atheromatous deposit. The *left lung* was very much congested; some portions in the lower lobe toward the back being entirely destitute of air, breaking down under the fingers and sinking in water. The corresponding *pleural cavity* contained a small quantity of bloody serum; there was no appearance of inflammation; no deposit of lymph. The *right lung* crepitated throughout, and was in a normal condition, save that it was somewhat congested.

*Abdomen*.—The *spleen* was much enlarged and very friable; the *liver* normal; the *stomach* not remarkable. The *intestines*, both small and large, contained a great quantity of fluid blood and soft coagula. The *small intestines*, with the *cæcum*, were opened. Nothing abnormal was noticed, save in the last  $2\frac{1}{2}$  feet of the *ileum*. In the upper



part of this portion, the *Peyer's patches* and *solitary glands* were very well marked, and in some of them small ulcers had formed. In the last eighteen inches were twelve spots of ulceration in Peyer's patches, varying in size from the head of a tack to an almond, the largest being nearest the cœcum, which itself was healthy, though distended with blood. One of these ulcers had penetrated nearly through the muscular coat of the intestine. This was situated about ten inches above the cœcum, was oval in shape, in the centre of a patch, and in size about two thirds of an inch by half an inch, not being one of the largest.

*Bladder*.—In the lower part of the abdomen was a large elastic tumor, evidently the *bladder*, filling up the whole pelvis and extending as high as the umbilicus. This was divided by a constriction opposite the left sacro-iliac synchondrosis. On incision, about  $2\frac{1}{2}$  quarts of urine were taken out. The lower portion was then found to consist of the bladder very much enlarged, its walls thickened, and the muscular fibres strongly developed. In the *fundus*, and toward the left, was an orifice about  $1\frac{1}{2}$  inches in diameter, conducting to a sac considerably larger than the organ itself, which had contained the greater part of the urine. This was principally situated in the left iliac region; its walls were quite thick, and the muscular coat well marked. Adhesions had formed between the posterior and lateral portions of the bladder and the neighboring parts, but not anteriorly. The *mucous membrane* of the organ was reddened in spots, but there was no ulceration. The *prostate gland* was found to be much enlarged, principally in the centre. From one side to the other a bridle ran across, apparently part of the prostate, under which the urine was forced to pass by a much narrowed channel, thus accounting for the hypertrophy of the bladder, &c. Both *ureters* and the *pelvis* of the *kidneys* were dilated, but with this exception the latter organs were in a normal state, save that they were rather soft.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 28, 1857.

### SPIRITUALISM.

THE article on Spiritualism in this number of the Journal is a statement, without comment, of the personal professional knowledge of the writer. The introductory remarks are obviously intended to present the feelings and opinions of those who are believers and supporters of the doctrine, and the grounds on which those opinions rest. It must be evident to all our readers that the writer of the article has no purpose to defend the views of which he presents a statement; or, in other words, to intimate that they are entertained by himself. His object is clearly to state only facts, and he purposely leaves inferences to the profession to which he belongs. It can hardly be expected, after this reference to the medical profession, that we should offer our pages to non-professional communications upon a subject only admissible into our pages on account of its pretended connection with the treatment of disease.

## THE REPORT UPON CRIMINAL ABORTIONS.

At the regular meeting of the Suffolk District Medical Society, this month, the Report upon Criminal Abortions will come up for final action. That Report has been printed and distributed among the members, who, before that time, will doubtless have read it, and formed their opinions. The affair was too hastily got up, and ought not to pass in its present form. The writer of it seems to have thrown out of consideration the life of the mother, making that of the unborn child appear of far more consequence, even should the mother have a dozen dependent on her for their daily bread. It cannot be possible that either the profession or the public will be brought to this belief. Argue as forcibly as they may, to their own satisfaction, the Committee will fail to convince the public that abortion in the early months is a crime, and a large proportion of the medical profession will tacitly support the popular view of the subject.

The Committee say, the impunity with which the crime is committed, is mainly owing to four different causes, which are as follows :

“ 1st, The present *morale* of the community in reference to the subject ;

“ 2d, The great caution generally observed by the perpetrators of the crime ;

“ 3d, The fact that both operator, where such has been employed, and patient, are extremely desirous of concealment, and so can seldom be produced as witnesses ; and

“ 4th, The defective character of the law itself.”

The first of these is the only cause which the medical profession can touch, and this must be approached cautiously : not with denunciation ; not by refusing aid to her whose defective pelvis, and strong animal instinct, not “ beastly lust,” has a second or third time caused her to seek premature delivery at the risk of life ; not by a law, which would require a consultation in case of suppressed menses ; but by words of warning, and arguments directed in kind language to reasonable women and men.

The second and third causes the Committee would reach by the strong arm of the law. The attempt will be absolutely vain. Make the law more rigid than it is now, and the “ great caution observed ” will only be rendered greater, and the “ fact that both operator and patient are extremely desirous of concealment,” will continue to be a fact, and a fact still more difficult to prove.

In order to remedy the fourth cause, the Committee propose a new and more severe law, when it is acknowledged that the less severe one cannot be enforced. In the first place, they propose to relieve the government of the necessity of proving malice, as if the word *malice* meant anything more than *evil intent*, an intent to do an illegal act. They seem to have forgotten that if there is no malicious act proved, there is never any crime proved, as the judge charges the jury upon every murder trial.

They say—“ There could be no injustice to the prisoner, that the burden of proving intent should thus be made to fall upon him. Government, of course, must prove the deed—in these cases frequently no easy thing to accomplish ; and then should the prisoner be made to show its necessity. If the accused were a medical man, and had held the previous consultation with a brother practitioner, always proper in cases thus involving life, he would have no difficulty in proving that necessity, if it really had existence.”

Should any of the Committee be arrested for poisoning a patient, because he had taken an over-dose of Fowler's solution, they would hardly be willing to have to prove want of intent, the Government resting the case with the proof of the prescription of arsenic.

But allowing the committing of abortion to be murder, and the writer is not prepared to deny that, although he is less disposed to assert it than he was, before this subject was broached by the Committee, with what consistency can it be proposed to inflict any punishment less than capital for it ? Or how can they make it less a murder, if performed upon an unmarried woman, than upon a married one ? Are they not offering a premium for kept mistresses, and making marriage to those, who believe abortion a crime, a bugbear rather than a blessing ? And if by such severe penalties they would prevent the giving of emmenagogues, for that would be the effect of the first section of the proposed law, the proof of absence of intent, &c., being upon the accused, what inconsistency would there be in making the use of vaginal injections immediately after connection, or the using of preventives immediately before connection, felonies also ?

The enforcement of Sect. II., Laws of 1847, Chap. 83, would be a better means of preventing the crime than anything the Committee have yet brought forward. To do that, would be to strike at the root of the evil. To prosecute the advertisers of medicines for gonorrhœa, by whom undoubtedly the most of this work is done, as publish-

ers of indecent publications, would be of more service to the cause than all the laws to punish the actual offence that the Society can devise.

Let the Suffolk District Society utter their protest as strongly as they please, but the making of laws is as much out of their province as the mending of watches. B.

*Massachusetts Medical Society.*—The annual meeting of this society will be held on Wednesday next, June 3d, in New Bedford. The annual discourse will be delivered by Dr. Marshall S. Perry, of this city; and Dr. Luther V. Bell, of Charlestown, will preside at the dinner as Anniversary Chairman. We hope that a large number of the Fellows will avail themselves of this occasion to attend the meeting, and visit one of the most beautiful cities of our Commonwealth. The occasion will doubtless be one of unusual interest.

*New York Journal of Medicine.*—A change in the editorial department of this Journal is announced. The senior editor, Dr. S. S. PURPLE, has resigned his charge, and as Dr. BULKLEY's connection was intended to be but temporary, Dr. STEPHEN SMITH remains sole editor. Under his able administration the *Journal* will doubtless maintain the high rank it has hitherto held in medical periodical literature. We rejoice to learn that "circumstances of a favorable character, relating to his duties as a private practitioner," have required Dr. Purple to withdraw from the editorial chair.

*Quarantine and Sanitary Convention.*—We are compelled by want of room to omit an account of the proceedings of this important convention. We regret this the less, because we hope to be able to prepare a fuller and more accurate report than would otherwise have been possible. An authorized report of the transactions will soon be published, and we shall take an early opportunity to quote from it all that is of value and interest.

*American Pharmaceutical Association.*—The next annual meeting of this Association will be held in Philadelphia, on the 8th of September next.

*Medical Miscellany.*—The Association of Medical Superintendents of Institutions for the Insane, which held its annual meeting in New York last week, adjourned on Friday evening.—The sum of \$50,000 has been appropriated by the Massachusetts Legislature to finish the buildings of the third State Insane Asylum, at Northampton.—The number of graduates at the University of Pennsylvania, the present season, was 149.—A State Medical Society has been formed in Mississippi, and at its first meeting recently, Dr. W. Gadbury was chosen President.—Dr. C. V. Blaney has been appointed Visiting Physician to the U. S. Marine Hospital at Chicago, and Dr. J. C. Nott to the Marine Hospital at Mobile.—Dr. Edward Banks, of Clinton, Miss., has presented to the Museum of the New Orleans School of Medicine an interesting specimen consisting of about 14 inches of the lower part of the small intestine of a child, so completely stuffed with large worms as to entirely obstruct the canal. The gut is absolutely distended, and the blood-vessels are in the highest state of congestion.

*Health of the City.*—The low mortality of our city still continues. Out of 58 deaths reported last week, we notice 6 from convulsions, 4 from croup, and 4 from scarlatina. There was no death in Ward I. nor in Ward IV. The deaths for the corresponding week of 1856 were 60, of which 2 were from convulsions, 4 from croup, and 4 from scarlatina.

---

*Communications Received.*—Experience in Homœopathy.—Operation for Cleft Palate.

---

MARRIED,—In Lawrence, Mass, May 21, Dr. Andrew D. Blanchard to Miss Sarah M. Morrison, both of L.

---

DIED,—In New York city, 24th inst., C. C. Allen, M.D., aged 49.

---

*Deaths in Boston* for the week ending Saturday noon, May 23d, 58. Males, 29—Females, 29—Accident, 2—apoplexy, 1—inflammation of the bowels, 1—burns, 2—disease of the brain, 1—bronchitis, 1—cancer, 1—consumption, 10—convulsions, 6—croup, 4—dysentery, 1—dropsy, 2—dropsy in the head, 1—infantile diseases, 4—crisipelas, 1—scarlet fever, 4—disease of the heart, 1—inflammation of the lungs, 2—congestion of the lungs, 1—marasmus, 1—old age, 1—palsy, 1—pleurisy, 1—rheumatism, 1—suicide, 1—teething, 2—unknown, 3.

Under 5 years, 26—between 5 and 20 years, 4—between 20 and 40 years, 15—between 40 and 60 years, 8—above 60 years, 5. Born in the United States, 46—Ireland, 7—other places, 5.



*Prof. Orren Smith, of Vermont—Tenotomy.*—Prof. Smith, who fills the Chair of Obstetrics in the University of Vermont, has been sojourning in our midst on account of his impaired health, during the past winter. He left us on the 21st of April, to resume his position in the University—an institution which, on account of its extreme northern latitude, holds courses of lectures only during the summer. During his stay, Prof. Smith, by his uniformly agreeable and professional bearing, endeared himself to a large circle of friends, among whom he came a perfect stranger. We had the pleasure of many entertaining interviews with him, and parted with him with regret. He performed, while here, several operations of note, one of which, that of tenotomy, was undertaken on the most unfavorable case that could have been selected. The lower extremities of the young man were so contracted and drawn together by the various tendons, that he had never put one heel to the ground—his foot being entirely everted. He could not separate his knees two inches apart, and his gait was the most laborious of any case that we ever witnessed. The knee of one leg was drawn across and to the rear of the other. By separating the tendo-achillis, and other tendons in the bend of the knee, and one in the groin, his legs were brought to a parallel. Owing to the length of time he has been walking in a crouching condition, it is with great difficulty he can be educated to assume the erect position. At present his toes turn out—his knees are easily separable by him at will, and there is a fair prospect of ultimate success, to a degree at least to make him more useful to himself.—*Southern Journal of Medical and Physical Sciences, Knoxville, Tenn.*

*New Treatment of Ovarian Dropsy.*—Dr. Simpson is attempting the radical cure of ovarian dropsy by establishing a fistulous communication between the cavity of the cyst and that of the peritoneum. He does this by puncturing the enlarged ovary with a trocar and canula in the ordinary way, but allowing only a small portion of the fluid to escape by the canula. This is then withdrawn, and the union of the external wound promoted. By pressing the tumor gently every day he forces a little of the fluid into the cavity of the peritoneum, and thus keeps the wound in the tumor open. I have seen several of Dr. S.'s patients who have been subjected to this mode of treatment with apparent success. One of them has been under treatment many months, the cyst occasionally filling, but easily reduced by gentle pressure, showing that the fissure still remains open.—*Foreign Correspondence of the Western Lancet.*

*The Award of Prizes by the Medical Faculty of the University of Nashville.*—Five months ago the Faculty offered three prizes for the best dissections, to be prepared and presented to them by the members of the last class.

The prizes for the best dissection of the inferior extremity, and also for the superior extremity, were each awarded to Mr. Thomas Buchanan, of Nashville.—*Nashville Journal of Medicine and Surgery.*

*Scarcity of Provisions—Cold Spring.*—We are still, as it were, in mid-winter, having ice nearly every morning in the month of April. The consequence has been the great advance in the prices of provisions in our market. Meal has sold at \$1 per bushel, potatoes at \$2 to \$3 per bushel, and butter at 40, 50, 60 and even 75 cents per pound.

Thirty-five years ago he who would then have asserted that the *apple* and *orange* would be sold at the same price in the streets of Nashville, could not have been believed a prophet. They now command five cents each.—*Ibid.*

*London Homœopathic Hospital.*—The last hospital devoted to this delusion in London has closed its doors. It has dwindled down into a "temporary office" and a "dispensary for out-patients." We hear much of the success of homœopathy, and yet the friends of the humbug cannot subscribe sufficient funds to support a "hospital" even at a private house. Like all quackeries it has had its day; like all quackeries it has been supported by the shallow, weak, and credulous on one side, and the charlatan and the rogue on the other. Such alliances are invariably broken when either the eyes of the one are opened, or the rapacity of the other is not gratified.—*London Lancet.*

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. LVI.

THURSDAY, JUNE 4, 1857.

No. 18.

---

ON PARACENTESIS THORACIS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—A few weeks since, you asked for contributions from physicians in the city. I send you a copy of part of a letter to a young friend in Vienna, who had written to obtain my articles on Paracentesis Thoracis, published in the *American Journal of Medical Sciences* (April, 1852), and in the *American Monthly* (January, 1854). This letter may be considered as a continuation of the same subject. It may be asked—why say anything more upon the subject? I have two reasons; viz., 1st, the fact that some of the best men of the profession still doubt the advantage of the operation, and, at times, allow patients to die unrelieved. An eminent surgeon at the West informs me that he permitted one of his own patients to expire from a large pleuritic effusion, because he thought thoracentesis would give only temporary relief. 2d, the following cases are peculiarly interesting, and more important than those previously published.

*Boston, May 25th, 1857.*

Yours truly,

HENRY I. BOWDITCH.

DEAR W.—\*\*\*\*\* Since my last article on Thoracentesis, I have been more confirmed than ever in my belief of the importance of this operation as a remedial measure, to be used *not as a last resource*, but like any other simple remedy, if necessary, at any period of the disease. I still use the exploring trocar, although, in some instances, where there has been a tendency to a re-accumulation of fluid, I have used a larger instrument.

Since that article (October, 1853), I have operated on thirty-seven persons, and have punctured sixty-one times, either with relief or great relief, in all but one. This person was very intemperate in her habits, and was stupid with liquor when I operated; but the dyspnoea was so very great as to threaten immediate death. She was relieved, temporarily; but sank about twenty-four hours after the operation. With this exception, in not a single instance

was there any untoward result. I cannot forbear giving some details of a few of the more interesting cases.

I.—I took seventy-eight ounces from a thin, nervous woman, who had been ill for six weeks, and who was gradually growing worse. Great relief followed immediately, and afterward there was a steady course toward perfect health.

✓ II.—A lady, four and a half months advanced in pregnancy, had been ill for two weeks. When I saw her, July 26th, 1854, she was threatened with immediate dissolution. Her countenance was distressed and haggard; there was extreme orthopnoea, and the wrists were nearly pulseless; the lips were livid; the skin cold and clammy. A brief examination showed the left side of the chest full of fluid. Eight ounces of pus were all that could be removed. The immediately serious symptoms were, however, relieved. Between this date and September 5th, I operated three times, *i. e.*, whenever the symptoms became again severe. On September 5th, I used a larger trocar, and left it *in situ*. In a few days, it was forced out by the expansion of the lung, and could not be re-inserted. The opening healed in spite of my endeavors to keep it open. On Sept. 20th, Oct. 5th, and Nov. 22d, punctures were again made for the relief of symptoms, which, however, never were so bad as before the first operation. On the last occasion, ✓ the large trocar was again used, and liq. iodinii compos. injected. Subsequently this fluid was injected several times. Dec. 8th, an abscess formed below the point of puncture. This was opened with a lancet, and all discharge soon ceased through the canula. Nov. 17th, she was delivered of a living child, which, however, was puny, and died in a few weeks. Jan. 15th, 1855, a tumor appeared between the second and third ribs, in front, and, when I saw it, projected an inch from the surface and was soft and fluctuating. It was evidently the pus from the pleura, preparing to form another opening—the fistula below, discharging but little. I declined puncturing it, but made a final, counter and permanent, opening low down at the left side. Jan. 31, she had acute pain and a rubbing sound, evidently from acute pleurisy of the *other side*. Of this, however, she was relieved in a week. From this period she went steadily onward toward health. Feb. 16th, she was gaining flesh, and in March she resumed her household duties. She is now, May, 1857, in perfect health. There is scarcely any contraction of the side, although the respiratory murmur is less in the left than in the right chest. Eight years ago, I think, she would have been allowed to die.

III.—A physician, æt. 60, had been ill for a few months, and had grown worse during a few weeks preceding my being called in consultation. He dreaded the operation, from his professional fear of it, and it was delayed. Finally, feeling that he was growing weaker, he consented to allow the puncture. One hundred



ounces (!) of clear serum were removed, and with entire relief. No return of the fluid. The lung expanded in a few days, and in a few months he had his usual health, which is now perfect.

IV.—I saw (December 11, 1855) a seaman, æt. 73, with chronic cardiac disease, general dropsy of the chest, abdomen and extremities. He had had, for several weeks, permanent orthopnoea, and seemed gradually sinking. The right side of the chest was full of fluid. The operation of thoracentesis was suggested, as a means of temporary relief. Ninety-one ounces (!) of serum were removed. No return of the fluid. The lung, in a few days, was fully expanded. The general dropsy disappeared, and with it all the severe symptoms, except the usual dyspnoea attendant on chronic cardiac disease in the aged. He lived in comparative ease for a year, and then died, suddenly, of his heart complaint.

V.—I saw an Irishwoman with Dr. Buckingham. She had been ill three months, and was unable to attend to her household duties. The sole disease was an effusion into the chest. Dr. B. punctured and removed sixteen ounces of serum. No return of the fluid; vast relief to every symptom ensued. In a week she felt well enough to resume her daily work, and the lung was fully expanded.

VI.—April 2d, 1856, I saw, in consultation, a girl æt. 6 years, who had been ill six weeks, and at the time of my visit was considered nearly moribund. I have no doubt she would have died if thoracentesis had not been performed. She had intense orthopnoea, great distress of the countenance and lividity of the lips, nails, &c.; cold extremities, with a rapid, feeble pulse. There was flatness on percussion over both backs, which on the left side extended to the apex. At the right there was an obscure crepitation. At the left there was no rale, and very obscure respiration. I punctured the left back, and could remove only four ounces of pure pus. Much relief, however, followed, and continued until the 7th (five days), by which time she was as badly off as before, and I again saw her. The attending physician had little hope of relief. I could scarcely have any, because of the complex and extensive character of the complaint on both sides. Nevertheless, I was unwilling to give up, without further effort. I determined to use a rather larger trocar (having previously, in all the operations cited in this paper, except the second case, used the exploring trocar and suction pump) and leave it in the wound. Several ounces of pus *gushed* out, and with the same relief as before; but, unfortunately, in four or five days, the instrument was pushed out by the expanding lung. The opening soon closed, in spite of all endeavors on the part of the attending physician to prevent it, by probing, &c. On the 23d of the same month (16 days) a new operation was needed, owing to a return of all the above-described symptoms.

In consequence of the illness of the medical attendant, I subse-

quently took charge of the patient. At first, I used a common-sized trocar, and removed several ounces of pus. In about 48 hours, I withdrew the instrument and introduced a shorter one. This was afterward changed for one that passed merely between the ribs, and projected but very slightly into the thorax. I could not prevent air from entering each time the wound was dressed. I used no injection, but administered to the patient *fusel oil*, two drops, three times daily, and ordered a nutritious diet. Very gradually, the lung expanded, but the tube remained in the opening until June 30th (68 days), when it was finally removed, there having been no discharge for four days. The respiratory murmur was then heard down to the point of puncture. The congestion, or chronic pneumonia of the right lower lobe, continued for weeks afterward. The improvement, however, in the rational signs was steady from the moment of the last operation. The patient is now, May, 1857, in perfect health, and no difference in form or respiratory murmur is perceptible between the two sides of the chest. She is without a single sign, either rational or physical, of the former disease, except the slight cicatrix at the point where I operated. I have no doubt whatever that *thoracentesis* saved her life.

VII.—About the same time that I was attending the preceding patient, I was called to another, a girl, *æt.* 11 years. She was suffering with great and constant dyspnœa, with accesses of severe orthopnœa, which threatened suffocation. The attack of pleurisy was recent, and the right side was evidently full of fluid. May 16th, I drew off thirty-two ounces of pus. Great relief ensued; but, on June 1st (14 days), she had a return of the suffocative accesses, and there were signs of a re-accumulation. I punctured near the point at which I had operated previously. There was complete dulness on percussion, and only a very distant sound of respiration was heard there. But I evidently punctured the lung, as nothing but a drop of blood followed the withdrawal of the trocar. Fully convinced, by the result, of the exact state of the parts, I immediately decided to operate in another place, in front, where the flatness was as great and less respiratory murmur was heard. I accordingly instantly withdrew the instrument and inserted it in front, and an inch higher up. *Eight ounces* of pus, of honey-like consistence, were withdrawn. From that moment, all serious symptoms disappeared. *Fusel oil* was used, with nutritious diet; and perfect health, with greater robustness than she had exhibited previously to her illness, were the results.

In this case, I presume that adhesions had formed behind, and the thick membranes, with a want of expansion of the superficial vesicles of the lung, caused the dulness on percussion, and the almost total absence of respiration.

VIII.—This case was similar to Case IV.; viz., an old man, with

cardiac disease and effusion consequent thereupon. Orthopnœa and symptoms of approaching dissolution were wholly removed by a puncture and the withdrawal of *thirty-six ounces* of serum. The patient died, several weeks afterward, of his heart affection. Here the operation was undertaken solely for the relief of urgent symptoms.

IX.—A man was many years ill, and supposed to be phthisical. I was called in consultation upon him, suffering from an acute attack of pleurisy, with an effusion of three weeks' duration. At my visit he was preparing his will. He had had some very severe paroxysms of dyspnœa, in which all his attendants, together with his physician, thought him dying. I removed *sixty-four ounces* of serum with complete relief. The lung expanded within twenty-four hours, and in three weeks he was out of doors and in full business. He continues still in his previous health, *i. e.*, probably phthisical, but able to attend to all the duties incumbent on him as the head of a large business house.

I have thus given you the more interesting of my recent cases. The notes are very brief. The records I have of them are ample. In a word, since April 17th, 1850, I have operated upon sixty-two individuals, of both sexes and all ages. I have punctured one hundred and eleven times. I know of nothing in practical medicine which has afforded me more satisfaction than this simple operation. I use designedly the expression—practical *medicine*, in contra-distinction to surgery. The perfect simplicity of the operation, to one satisfied of the correctness of his diagnosis, allies it to venesection or vaccination. I am well aware that many will wonder, and some perhaps will scoff at this classification. To such I would say—Do not theorize on your fears—*try the operation*, and then you can judge more clearly. You will find that, as performed in these cases (*viz.*, with the exploring trocar), it is, 1st, as a general rule, less painful than a blister; 2d, that (if I may judge from my cases) it *never* does harm; 3d, when fluid is obtained, it *always* gives relief, either temporary or permanent; 4th, that very often it is the chief, if not the sole means capable of relieving severe symptoms, and even of saving life." ✓

If these statements are true—and I am as convinced of their truth as I am of anything in my whole medical experience—I am justified in asserting, that a physician does wrong and acts foolishly who allows any patient to suffer months or years of misery, or even death itself, from pleuritic effusion, at any age—from any cause and with any complications—without at least a *trial of thoracentesis*. I write thus strongly because I fear that surgeons, of even the highest reputation, still shrink from performing this operation. This fear, I presume, is owing to their considering it as similar to the operation laid down in all, or almost all, of their own



manuals. From that operation they ought in most cases to shrink. That which is here advocated is of a totally different character, and is, so far as my experience goes, harmless.

## ANEURISM OF THE ARCH OF THE AORTA.

[Communicated for the Boston Medical and Surgical Journal.]

E. B., of Dodgeville, æt. 49, died August 31, 1856, in consequence of some morbid growth within the cavity of the right chest, supposed to be either an aneurism of the aorta or a medullary cancer of the right lung.

Twenty-four hours after death, an examination was made by Dr. Collins, of Providence, R. I., in presence of Dr. S. Clapp, attendant physician, and Drs. Gardner, Morton, &c., eliciting the following facts.

*Appearance of the Body.*—Cadaveric rigidity; countenance disfigured by congestion; the superficial bloodvessels of the right chest and throat also very much congested; considerable emaciation; cedema of lower extremities. Upon opening the thorax, the sternum broke near its articulation with the third rib, with but little force, there having been much absorption of the bone; it was afterward discovered that the right third rib was partially absorbed, at least an inch and a half of its sternal end. *In situ*:—Heart and left lung appeared normal; but a small portion of the right lung to be seen, the cavity being filled with serum, upon which seemed to float a large globular tumor. Removed from left chest over half a pint of serum, from the pericardium twelve fluid ounces, and from the right chest at least three pints.

The existence of an enormous aneurism being evident, it was attempted to remove the mass without rupturing the sac, but its adhesions to the rib rendered it impracticable. Upon its rupture a great quantity of fluid blood and coagula escaped. This sac contained nearly a quart, compressing the lungs backward and downward. The common carotid, innominate and subclavian arteries issued from the apex of the tumor; the aorta was much dilated, the commencement of the aneurism being marked by a firm, inelastic ring, resembling cartilage; the sac was lined with successive layers of coagula, the outermost being partially organized; atheromatous deposit very great between the valves and the ring, much resembling the scales of a fish.

There was slight fatty degeneration of the heart; liver of normal size, granular; kidneys enlarged and granular; spleen highly congested; slight effusion into the abdominal cavity.

*History.*—This man had suffered much in former years from rheumatism. He first complained of chest trouble in 1850, then

supposed to be asthma. In 1852, a physician of Worcester diagnosed some cardiac disease, but could not determine its exact nature.

At the time of Dr. Clapp's first attendance, in the spring of 1856, the symptoms were as follows: front right chest more prominent than the left; the superficial bloodvessels of that side and the jugulars were much dilated and turgid; the slightest exertion caused excessive dyspnoea and extreme lividity of the face; complete dulness upon percussion over the whole of the front right chest; entire absence of respiratory murmur in front; slight bronchial respiration at the back.

M. F. DELANO, M.D.

*North Leominster, April 15th, 1857.*

#### APPARATUS FOR FRACTURED CLAVICLE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I constructed the following apparatus for the purpose of preventing, in a measure, the deformity which so frequently results from fracture of the clavicle; and trial has proved it adequate to the object designed. If you think the description here given worthy a place in your valuable Journal, it is at your service.

The apparatus consists of a short crutch, the shank of which is made of two pieces of steel, so as to slide up and down, and adapt its length to the height of the individual. At the top of the shank is attached a crescent-shaped piece of wood, to be padded in the form of a wedge; and at the lower part of the shank is a small foot-piece made to rest in the pocket of a broad leather belt, which is to be placed around the waist.

It is applied in the following manner. The belt is buckled around the waist, with its pocket between the anterior superior spinous process of the ilium and the *symphysis pubis*; the foot-piece is then placed in the pocket of the belt, the wedge in the axilla, and the arm drawn over the wedge until the elbow touches the side, where it is confined by a roller, or by other means.

All the indications required in the treatment of this fracture are thus accomplished; the shoulder is carried upward by the length of the crutch, outward by the pad, and backward by the direction in which the upward force is exerted.

The apparatus is cheap, and advantageous on account of its permanency; when well made and properly applied, it needs no interference until the cure is effected.

Yours obediently,

*Albany, N. Y., April 22d, 1857.*

H. M. WEEDON, M.D.

## Reports of Medical Societies.

---

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

APRIL 27th.—*Hypertrophy of the Heart; Contraction of the Mitral Valves; Marked Effects of Digitalis; Death; Autopsy.* Dr. ELLIS showed the specimen, and the case was reported by Dr. GOULD.

The patient, C. R., was a German woman, aged 32; of small size; married. She had been troubled with shortness of breath for two years, and with occasional pain in the left breast. Since Christmas she had been gradually growing worse. She had never been confined to the bed; had never had rheumatism; and had had no cough till within a few days. Swelling of the abdomen and limbs commenced four or five weeks since. The urine had been rather scanty. On the 9th of March, when Dr. G. first saw her, the respiration was labored, and numbered 36 in the minute; the pulse 114, and feeble. She was unable to lie down. The left chest was resonant, with a loud respiratory murmur at its apex; in the right, the murmur was nearly inaudible. The first sound of the heart, very loud and double; second, feeble. The hands were cold and livid; the abdomen protuberant, being much distended with flatus; the feet were much swollen; the cough was moderate, and the expectoration consisted of frothy mucus. Pulse 120. Urine not albuminous.

The spirit of nitric ether and bitartrate of potash were given, and on the 15th of March, the cough had diminished, the murmur was less audible, and the resonance pretty good, the pulse varying from 100 to 108. The tincture of digitalis was now ordered, in the dose of 30 drops, three times a day; the pulse gradually became diminished in frequency under its influence, being, on the 27th, only 62. The dose was now reduced to fifteen drops, the pulse continuing to diminish, being, on the 29th, 54; the dose was now reduced to twelve drops. April 2nd, the pulse was only 44, when the medicine was ordered to be omitted. On the 3d and 4th, it continued about the same. On the 5th, it was 80, and intermitting; on the 6th, the skin was livid and cool, the respiration 60, and the patient died on the morning of the 7th.

*Autopsy*, 13 hours after death, by Dr. ELLIS.

The *brain* was normal.

The *right pleural cavity* contained three pints, and the *left*, one pint and a half of serum. The pleural surfaces of the right side were united by old, strong, filamentous, vascular bands, considerably elongated.

The lower lobe of the *right lung* was smooth and rounded, its lower edge being folded over and adherent; it was compressed to such a degree that portions sank in water. The upper lobe was crepitant; weight, 14 ounces. The lower lobe of the *left lung* was somewhat compressed inferiorly; the remainder of this and the upper lobe was crepitant; weight, 13½ ounces. Both lungs were dry, and firmer than usual.

The *pericardium*, externally, measured vertically, 7 inches; transversely, 6 inches, and contained eight ounces of serum.

The *heart* was large, and distended by blood, much of which was coagulated; weight, 13 ounces. Both *auricles* and the *right ventricle* were hypertrophied and dilated, the walls of the latter being as thick



as those of the left ventricle, and firmer. The *columnæ carneæ* were much thickened. The *left ventricle* appeared in every respect natural. The *mitral valve* was much thickened, and its orifice admitted only the tip of the fore-finger. Near the free edges of the valves of the aorta and pulmonary artery, were several perforations, which could not have interfered with the performance of their functions. The *pulmonary artery*, just above the valves, was 4 inches in circumference; the *aorta*, at the corresponding point,  $2\frac{3}{4}$  inches.

The *peritoneal cavity* contained nine pints of serum.

The *liver* was rather dark colored, and weighed 2 pounds, 2 ounces.

Just beneath the convex surface of the *spleen* was an irregular, yellowish white mass, of considerable consistence, two inches in length by one in breadth, continuous and connected with the surrounding tissue, which was not remarkable. Weight, 4 ounces.

The *kidneys* were small and firm.

The *uterus* was very firm, and there were several small cysts in the ovaries.

MAY 11th.—*Adhesion of the Gall-bladder to the Duodenum, followed by Ulceration; the passage of a Gall-stone into the Intestine, causing Obstruction and Death.* Case reported by Dr. EZRA PALMER.

Mrs. M., æt. 43; became a widow in 1848; she was the mother of three children, the youngest being 13 years of age; she was of medium height and vigorous frame; her complexion was dark-sallow.

During the year 1856, complaint was frequently made of distress at the pit of the stomach, not sufficiently severe, however, to interfere with the performance of her duties, or to curtail her liberty. Without exhibiting distinctive evidence of dyspepsia, she was, nevertheless, supposed to suffer from some sluggishness of the digestive organs, and was correspondingly treated.

On the 17th of January, 1857, she was seized with violent intestinal pain, referred at times to the pit of the stomach, then to the umbilical region, then to either side of the abdomen. It occurred in paroxysms, and was complicated with much retching and vomiting. The pulse was not accelerated. The seizure appeared to be ordinary colic. Relief was obtained in a few hours, and by the third day following the attack she was able to be about her chamber.

After an interval of seven days, on January 26th, these violent paroxysms of spasmodic pain recurred. The attack resembled the preceding one in all respects, with the exception of having a longer duration and being followed by a more protracted convalescence. The patient was confined to her chamber for eight days.

After the lapse of thirty days, on March 5th, a third seizure occurred. Relief from the intense pain was soon procured, but the patient had a still more prolonged convalescence, being unable to leave her residence for about five weeks.

After a condition of comparatively comfortable health for twenty days, a fourth attack occurred April 29th, of far greater severity than either of its predecessors, with more intense paroxysmal pain, severer retching and vomiting; constituting that condition of agony, in fact, which characterizes the extremest attacks so graphically termed the iliac passion. Morphine having failed to produce that permanent benefit which it afforded in the previous attacks, the inhalation of ether was resorted to, on May the 2d, at noon. The patient became

free from pain at 3, P.M., between which hour and 10, P.M., she had five copious, thin, yellow discharges. These were followed by great prostration, and she died at 5 o'clock on the morning of the 3d.

The condition of the stomach during the year 1856, and the repeated illnesses of the present year, had established an accurate system of diet and regimen, so that, quite early, some organic or mechanical intestinal obstruction was suspected.

The absence of continuous pain at the scrobiculus cordis, the want of an icteritious tinge in the conjunctiva and the surface of the body, and the healthy color of the evacuations from the bladder and intestines, precluded the supposition of an obstruction of the gall-ducts.

*Autopsy* by Dr. ELLIS.

The *gall-bladder* was much contracted, and firmly adherent to the *duodenum* at a point situated a short distance below the pylorus. In this part of the intestine were two openings, with irregular, ragged margins, one perhaps three lines in diameter, the other sufficiently large to admit the fore-finger, and evidently recent, although the mucous membrane around it was not particularly vascular. By means of the largest of these openings a free communication was established with the gall-bladder, which contained some inspissated biliary matter. Its parietes were much thickened. The *ducts* were pervious, the cystic being even much smaller than usual.

The *small intestine* was, externally, somewhat reddened. Within it, at a point one foot above the cœcum, was a dark-brown, nodular, and in some parts, granular gall-stone, upward of an inch in diameter, and weighing 104 grains. Though still movable, it seemed to be in close contact with the lining membrane, which was but slightly if at all more vascular than usual. The intestine above the calculus contained a large quantity of thin, yellowish fluid.

The other organs, with the exception of the brain, were examined and found healthy.

MAY 11th.—*Polypus of the Rectum*. Dr. ELLIS showed the specimen, which was taken from a hospital patient, under the care of Dr. GOULD, who had died of cardiac disease so short a time after entrance that no thorough examination of the case could be made.

Attached to the posterior wall of the rectum, at a point seven inches from the anus, by a pedicle upward of half an inch in diameter, was a soft, highly vascular, lobulated and villous, cauliflower-like excrescence, about two inches in diameter, rising from half an inch to an inch above the surrounding surface. It apparently involved the mucous coat alone.

Microscopically, it was composed of much elongated, granular, nucleated cells, some of which resembled long columnar epithelium, and were arranged, like the last, in close juxtaposition. Others, though elongated in the same manner, had more irregular outlines, and resembled cells found in a variety of morbid growths.

MAY 11th.—*Siliceous Calculi from the Bladder of an Ox*. Dr. BACON exhibited a large collection (over 600) of very small cream-colored calculi, which were found by Dr. J. B. S. JACKSON, adhering slightly to the interior of an ox-bladder. The largest measure about a line in diameter. Nearly all are regularly spherical, with a smooth surface. They are sufficiently hard to scratch flint glass. Some exhibit indistinct concentric layers, but no crystalline structure occurs in any. On

chemical analysis, by Dr. Bacon, they are composed of silicic acid chiefly; with a little animal matter, partly fat; a little chloride of potassium, and traces of other potash and soda salts. Boiling nitric acid slowly penetrates the calculi, and dissolves out the organic and saline matters, rendering them translucent. After this treatment, they retain the original form and hardness; and when washed and dried are quite white, and consist of pure amorphous silicic acid. The specimens in the tube-vial exhibited have been thus treated. Traces of silicic acid occur in the normal urine of the ox and various other animals, and have also been found in that of man; but genuine siliceous calculi are of exceedingly rare occurrence.

### **Bibliographical Notices.**

*An Exposition of the Signs and Symptoms of Pregnancy, with some other Papers on Subjects connected with Midwifery.* By W. F. MONTGOMERY, A.M., M.D., &c. &c.

COMPARING, as they now lie side by side before us, the graceful, maidenly-looking volume put forth by Dr. Montgomery just twenty years ago, with the fully-developed, portly tome of six hundred pages just issued, we must say that the latter exhibits "signs of pregnancy" which cannot be mistaken. And truly upon opening it, every page teems with the fruits of the author's thought and research, and yet delivers its burden without travail, in that pleasant, free and full style which marks all of Dr. Montgomery's papers.

But after reading the six hundred pages, are we prepared in any given case to affirm without doubt—say with the assurance of an oath in a medico-legal case—that the subject is or is not pregnant? We are forced to say, *no*. "Human nature is very uncertain," and never more so than when about to repeat itself. This work, with all its addition of symptoms, with all its increased luminosity of reasoning and its careful analyses, only convinces us more than ever that we have as yet found no touchstone, no magic mirror to reveal the mysteries of that most mysterious receptacle for "the coming man." And yet we do not think it the least valuable lesson taught us by this valuable book, that this uncertainty does still exist in full force for the earlier months of pregnancy. We must learn from it caution, and to strive the more diligently—by a greater accumulation of signs and a nicer collating of them—to attain a still nearer proximate to certainty, and possibly in this we may reach that happy goal.

Putting aside this one point of unsatisfaction, the rest of the book presents an immense fund of most important facts in the physiology of pregnant women. Some of these are brought out now for the first time, and many are expatiated upon and their importance urged as has never before been done. Among the first that arrests us, is the still vexed question as to the influence of the mother and her mental impressions upon the fœtus in utero. The facts here are accumulated greatly, and sorted out carefully, as bearing upon this or that point, until we can scarce conceive of the reader not giving his hearty as-



sent to the proposition that the mother does mentally and bodily exercise a perpetual influence upon her product *a coitu usque ad partum*. We cannot here open up all this subject, but we will present one or two points for consideration. The lower order of animals, and woman—possibly to a less degree (inasmuch as the mental so much preponderates over the physical)—give us instances of the impress of the first father being conveyed to the offspring of a second. If this is possible, how much more readily may the direct influence of the mother affect the offspring. Next, the physical, the mental and moral qualities of the mother, go to the product, undoubtedly. Might not accidental modifications of these go also, if sufficiently powerful? But instances are given where the mother was subjected to violent mental and moral perturbation, and yet nothing came of it to the child. This may be; but we insist here, as we have elsewhere, on the importance of this distinction. An impression may be very violent—disgust or terror very intense—but very transient. The system, or that particular part of it perturbed, soon rallies, and there is no result. On the other hand, the impress may be trifling, yet persistent—*ut gutta lapidem cavat*—it may make its mark. We hold, therefore, that negatives in this case prove nothing; whilst positives, multiplied to put them beyond the pale of suspicion or coincidence, ought to prove and have proved all that we ask.

We wish that Dr. Montgomery had given a separate chapter to a subject which he touches upon repeatedly and always illuminates, but of which we think it would not have been out of place to have given a fuller exposition—the physiology of the young female at the first pulse of the *nisus formatura*—the first throb of the *Bildungstrieb*, as our German friends aptly term it—to the majority, we hope, of the sex, a dawn of new power, hopes and energies, but to many the first foreshadowing of as grievous a sequence of pain, suffering and utter ruin as ever overwhelm mortality. Surely this period, then, is as greatly important, and even more fully fraught with consequences to the individual, than that other critical point in a woman's life, when her powers in maternity cease; and our own note-books could furnish, had we space for it, some most interesting illustrations of this importance.

Menstruation during pregnancy is enlarged upon to the utmost by the author, as one of the signs which may confound us greatly in our attempts at a diagnosis; and though he seems to have exhausted the subject as far as an exhibition of cases goes, he yet can furnish no discriminating test by which we can detect cases in which this function may still continue and pregnancy at the same time proceed normally and to a happy termination.

Upon the mammary symptoms, Dr. M. is very full, and to them he attaches great importance. In the American edition, the beautiful and accurate plates illustrative of the phases of the areola are very wrongly omitted. With regard to the high value he puts upon these, and particularly to the condition of the follicles or tubercles of the areola, we cannot doubt that in the main he is perfectly correct; but a case of our own, a year since, makes us inevitably abstain from assigning to them the infallibility which the author would claim for them. In this case the deep color and the development of the follicles were

as pronounced as in any case of pregnancy we ever saw; and, moreover, the clothes were always found sticking to the nipple from the exudation of a viscid secretion, and yet, beyond doubt, no pregnancy existed.

The chapter upon the changes of the uterus is very full; but we are surprised to find that the mucous plug of the os does not occupy more space and excite more attention. Like all other signs of pregnancy, except those of its later days, it is highly fallible; but we have thought it, when carefully examined, worth much as an adjuvant to or corroborator of others.

On auscultation, Dr. Montgomery is very full—indeed he could scarcely be more so—not only as a means of diagnosis of pregnancy, but also of other conditions of the uterus. It elicits the only sure sign—the pulsation of the foetal heart—one, unfortunately, which does not commence until the pregnancy has progressed to half its period, and not always then available, for obvious reasons.

The dusky hue of the vagina, the abdominal line, and kysteine, are discussed at length, and to each a very high value given. The chapter upon morbid products of the uterus is one of the most interesting in the book, and is illustrated with a great number of most valuable cases. The whole physiology of the ovary, the corpus luteum and its phases, is gone into with a fulness and completeness which leaves us nothing to desire.

Another division of this copious book is devoted to the period of human gestation, in which the question is examined at its fullest length. We have often wondered at the pertinacity of the claim of some physiologists for precision on the part of the woman in gestation, when it is so well known that the lower animals, not subject to one tithe the perturbing influences that woman is, are very irregular. But this argument for allowing woman variation in the duration of her child-bearing, we have never yet seen urged in any of the numerous cases that have occurred in which this question has been of vital importance. Several tables are given, of carefully-selected cases. These exhibit a range of from 35 (one case) to 42 weeks—that is, from 242 to 303 days.

“Evidences of Delivery” claims another division, presenting us some curious and useful matter, and reminding us of a strange case which was given in one of the French journals, where by means of a placenta obtained from another woman, and certain other factitious evidences of delivery, an attempt was made to obtain the evidence of the physician to the birth of a child. Something excited his suspicions, and although the whole affair was well gotten up, he had no difficulty in demonstrating to himself that no birth had occurred.

An admirable paper upon spontaneous amputation, and other lesions of the foetus in utero, completes this admirable volume—itself a cyclopædia of medical science upon the subject on which it treats, up to the present day.

The American edition, in point of type and paper, is scarce if any inferior to the English; but we must again notice the omission of the plates illustrative of the mammary areola—an omission not trifling, when the importance Dr. M. attaches to this is considered.

W. E. C.

*A Manual of Examinations upon Anatomy, &c. Especially designed for the use of Students of Medicine. To which is added a Medical Formulary.* By J. L. LUDLOW, A.M., M.D., &c. &c. A new edition, thoroughly revised and much enlarged. With three hundred and seventy illustrations. Philadelphia: Blanchard & Lea. 1857. 12mo. Pp. 816.

THE above is, in short, the title of a volume of 816 pages; one of that class of volumes which we are always delighted to have an opportunity to notice. Anatomy, physiology, surgery, practice of medicine, obstetrics, &c., materia medica, pharmacy and therapeutics, are each treated of in as great a space as can be well given to each, in addition to a "formulary of 453 prescriptions." We should not forget, that there are also three hundred and seventy wood-cuts, not engraved expressly for this work, but valuable, because they have been proved in Wilson, Carpenter, Royle, Pereira, Druitt, or some other author, whose works are known to the world.

A work of this kind may be useful in two ways; it may serve to assist the student in taking a general review of all that he has been occupied upon during the years of his pupillage, that he may be prepared for examination; or it can be employed by the practitioner as a manual to which he can occasionally turn to refresh his memory of those branches of medical science which are not necessary for the routine of daily practice. For either of these purposes, such a work may be of great value, provided it be accurate and sufficiently minute. We regret to say that we cannot recommend Dr. Ludlow's work in respect to the former qualification. It is full of errors, some of them typographical, many of them apparently from, to say the least, the greatest carelessness on the part of the author. Of these errors, those in orthography are the most striking, and can only be accounted for by supposing the writer to be ignorant of the Latin language. He talks about the "pterygoideus externus muscles," the "mylo-hyoideis muscles," the two "costa" of the scapula. The word *ileum* is written "ilium" in every instance in which it occurs in the section treating of that portion of the intestinal canal. We notice "corpus sesamoideum aurantii" (for *Arantii*), "per vaginum," "chinchona," an "exantheme," "ischuria renales," "the areated alkaline bicarbonates," "eremacaus." The above are a small number of errors which may be noticed in glancing over the book.

In his style the author has not been more fortunate. In answer to the question, What is the treatment of scrofula? he replies, "It should be hygienic in a high degree, and a resort to the vegetable alteratives, &c." We are at a loss to know what is the meaning of the terms "gastro-enterité" and "dothinenterité," which are "among the general pathological characters of remittent fever." "What is the character of enteralgia?" the student is supposed to ask; the reply is succinct—"generally neuralgic"! "Are the kidneys subject to many morbid alterations of structure? Yes, but most of them are of rare occurrence"! We wish it were so.

Apart from the deficiencies and errors of this book, we object to the style of question and answer in which it is written. A very large space now occupied by the questions might be much better filled with matter, or be left out, thereby diminishing the size and price of the book. In reading it we are strongly reminded of the questions and



answers at the "grinding class," in the "Physiology of the London Medical Student." Take the following, in reference to the *Cowhage*, which really teaches as much, is quite as good English, and much more likely to be remembered, than anything on the subject in Dr. Ludlow's book.

"Now, Mr. Muff," says the gentleman to one of his class, handing him a bottle of something which appears like specimens of a chestnut colt's coat after he had been clipped; "what's that, sir?"

"That's cow-itch, sir," replies Mr. Muff.

"Cow what? You must call it at the Hall by its botanical name—*Dolichos pruriens*. What is it used for?"

"To strew in people's beds that you owe a grudge to," replies Muff; whereat all the class laugh, except the last comer, who takes it all for granted, and makes a note of the circumstance in his interleaved manual.

"That answer would floor you," continues the grinder. "The *dolichos* is used to destroy worms. How does it act, Mr. Jones?" going on to the next pupil—a man in a light cotton cravat and no shirt-collar, who looks very like a butler out of place.

"It tickles them to death, sir," answers Mr. Jones.

"You would say it acts mechanically," observes the grinder. "The fine points stick into the worms and kill them. They say, 'Is this a dagger which I see before me?' and then die. Recollect the dagger, Mr. Jones."

The volume is terminated by a long collection of formulæ. We doubt the propriety of introducing them into a work intended chiefly for medical students; but if they must be there, let them be written either in English or in Latin, and not in a horrible jargon, compounded of the two languages, with words belonging to neither. What, for instance, is the meaning of the following: *R. Pv. stani* [the author always employs but one *n* in writing this word], *℥ss.*; *Dolic. mucun.*, *℥i.* *M. Ft. chts.* *No. ii.* *S.* One in the morning. "*Ft. chts.*" is a favorite symbol with Dr. Ludlow; we should be glad to be informed how he would write the words in full.

In conclusion, we must say that we regret to speak unfavorably of Dr. Ludlow's work, but our duty compels us to withhold any recommendation of it, and we can only express our surprise that while there are already so many excellent manuals for the use of students, one so inferior should be added to the list.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 4, 1857.

### AMERICAN MEDICAL ASSOCIATION.

THROUGH the politeness of the editor of the *Nashville Journal of Medicine and Surgery*, we have been favored with a full report of the Tenth Annual Session of the American Medical Association, which was held at Nashville, May 5th, 6th and 7th. The number of delegates, permanent members, and members by invitation who were pre-

sent, was, according to the Report, 160. We are disappointed in the smallness of the attendance from this section of the country, only two delegates having been present from the New England States, neither of whom were from Massachusetts. The meeting passed off with great harmony and good feeling, and although the transactions appear on the whole to have been of a less important character than usual, they were by no means wanting in value or interest.

The meeting having been organized, Dr. C. R. Winston, Chairman of the Committee of Arrangements, made a short address, welcoming, in the name of the city, the members of the Association. The roll of delegates who had registered their names, was then called, after which the President, Dr. Zina Pitcher, of Detroit, pronounced the annual discourse, concerning which we have no opinion to offer; we content ourselves with quoting the following paragraphs, *verbatim et literatim* :

"In adjusting our telescope, to study the features of some snow-clad mountain, the organ of vision perhaps takes in the form of an enterprising explorer, whose feet still sparkling with ice as he descends from its summit, will crush out the fragrance of the plants which spring up to greet him as he walks downwards into the valley of flowers. From the eminence attained by his enterprise he could trace the course, and measure the elevation of the mountain chain, which give origin and direction to the rivers, effect the commerce, the languages and migrations of men, fix the character of the vegetation, the abode of its mammalia, and the habits of its population.

"Subsidiary to the interest excited by this scene as a landscape, but not subordinate in importance, lies the geographical formation of the ranges which contain their mineral productions, give character to their fountains and increase to the variety and beauty of the vegetation, both on the slope of the mountains and in the valleys below."

In reading the report of the proceedings we were struck with the number of instances in which the committees failed to make reports, there having been fifty-three instances of such failure, while only ten committees reported in full, besides one or two which presented a partial report. Three voluntary communications were recommended for publication, as follows: 1. A New Principle of Diagnosis in Dislocations of the Shoulder-Joint. By L. A. Dugas, M.D., Prof. of Surgery in the Medical College of Georgia. 2. Medical Statistics of Washington Territory. By George Suckley, M.D., U. S. A. 3. Medical Flora of Washington and Oregon Territories. By J. G. Cooper, M.D.

The important subject of Medical Education was discussed by the Association. Dr. Boring, of Georgia, offered a series of resolutions to the effect that the Association has not the power to control the subject of medical education, but should confine itself to the advancement of medical science, and the promotion of harmony in the profession. Dr. Currey, of Tennessee, offered the following resolutions as a substitute, which were finally adopted.

"Whereas, The subject of Medical Education has been committed at each annual Session to Standing Committees, and various suggestions have been proposed, which the Association has adopted, and recommended to private instructors and to the Medical Colleges—

"Resolved, That a committee of five be appointed by the Commit-

tee on Nominations, as a Special Committee, to be composed of members who are in no respect connected with any Medical School, to devise a *System of Medical Instruction*, to be presented for the consideration of this Association at its annual Session in 1858.

"*Resolved*, That the proposed system shall set forth a uniform basis, upon which our Medical Institutions shall be organized, as well as have reference to the best mode of securing the Preparatory Medical Instruction to the Student, and that consequently the legitimate subjects to be embraced in said system, will include Primary Medical Schools—the number of Professorships in Medical Colleges, the length and number of terms during the year, the requisite qualifications for graduation, and such other subjects of a general character as to give uniformity to our Medical system, and preserve harmony and friendly intercourse in the ranks of the profession.

"*Resolved*, That, upon the adoption of the proposed system by the Association, all Institutions which may conform to it shall be entitled to representation at the Annual Sessions of this Association, and none others."

The Committee on Nominations subsequently appointed the following gentlemen as members of the Committee on Medical Education :

G. W. Norris, of Philadelphia, Chairman ; A. H. Luce, of Illinois ; E. R. Henderson, of South Carolina ; G. R. Grant, of Tennessee ; T. S. Powell, of Georgia.

The Committee on Nominations also recommended an amendment of the third article of the Constitution, in relation to meetings, by inserting after the words "first Tuesday in May," the words, "*or the first Tuesday in June*;" and also by inserting after the words, "shall be determined," the words, "*with the time of meeting*." This change is made for the sake of enabling the meeting to take place later in the season, when it is held in a northern city. It will doubtless be found to be of much advantage. The month of May is often cold and disagreeable in our latitudes. June is our real Spring-time, and that month is also the best for those coming North.

The Committee on Prize Essays reported that four essays had been received, from which two were selected as worthy of the prizes which were provided for at the last meeting of the Association. They were, 1st, one on "The Excreto-Secretory System of Nerves ; its Relation to Physiology and Pathology." By Henry Frazer Campbell, of Georgia ; and 2d, "Experimental Researches relative to the Nutrition, Value and Physiological Effects of Albumen, Starch and Gum, when singly and exclusively used as Food," by William A. Hammond, M.D., Assistant Surgeon U. S. Army.

The following resolution was offered by Dr. Pitcher, and unanimously adopted.

"*Resolved*, That a committee of three be appointed, of which the President of the Association shall be chairman, to communicate with the Surgeon General of the Army, the chief of the Medical Bureau of the Navy, and the Secretary of the Treasury of the United States, with a view to secure the concurrence of these departments of the Federal Government, so that its contributions to the Medical Topography, the Vital Statistics, and the Sanitary Police of the nation may be made tributary to the labors of this Association."

The following is a list of officers for the ensuing year, reported by



the Committee on Nominations, and elected by the Association; *President*, PAUL F. EVE of Tennessee; *Vice Presidents*, R. J. Breckinridge of Kentucky, D. M. Reese of New York, W. H. Byford of Indiana, and Henry F. Campbell of Georgia. *Secretaries*, Robert C. Foster of Tennessee, A. J. Semmes of Washington City. *Treasurer*, Caspar Wister, of Philadelphia. The *Committee of Publication* consists of Francis G. Smith of Philadelphia, Chairman; Caspar Wister of Philadelphia, R. C. Foster of Nashville, A. J. Semmes of Washington, Samuel L. Hollingsworth of Philadelphia, Samuel Lewis of Pennsylvania, A. F. Askew of Delaware.

A number of resolutions were passed, expressing the gratitude of the members for the hospitality extended to them by the citizens of Nashville, the authorities of the State and City, the reporters and conductors of the press, &c. Of these we quote the following, which was offered by Dr. Pitcher:

“*Resolved*, That the members of this association, as recipients of the cordial, generous and elegant hospitalities extended to them by the profession and the citizens of Nashville, in placing on record an expression of thanks for the social amenities they have enjoyed during its tenth annual session, wish also to leave behind them the assurance, that the recollection of their short sojourn in Tennessee, will be cherished as dearly as the remembrance of the far-off sound of water, by the exhausted and way-worn traveller.”

The next meeting of the Association will be held in Washington City, on the first Tuesday in May, 1858.

We omitted to state in the early part of this article, that the two enterprising delegates from New England were Dr. Charles Hooker, of Connecticut, and Dr. Adoniram Smalley, of New Hampshire.

#### THE QUARANTINE CONVENTION.

WE hoped to be able to lay before our readers to-day a full account of the proceedings of this important Convention. The authorized report not having, however, yet come to hand, we are compelled to offer a brief statement of the results of the deliberations, which we glean from the newspapers of the day. Of these, the most important were the adoption of a series of propositions in the form of resolutions, as expressing the sentiments of the Convention, as follows:

That there are certain diseases which may be introduced into a community by foul vessels and cargoes, and diseased crews and passengers.

That of these diseases, the most injurious are smallpox, and, under certain circumstances, typhus fever, cholera and yellow fever.

That when the latter diseases are introduced in this manner, their action is limited to individuals coming within their immediate influence, and cannot become epidemic unless there exist in the community circumstances which are calculated to produce such disease, independent of the importation.

That the circumstances alluded to consist in vitiated states of the atmosphere from local causes, in connection with peculiar meteorological conditions.

That efficient sanitary measures, including quarantine, will in most cases prevent the introduction of these diseases, and may at any rate disarm them of their virulence, and prevent their extension when introduced.

That the present quarantine regulations in operation in most of our States, are insufficient to prevent the introduction of disease, and are prejudicial to the interests of the community. Disease may be introduced,—

First, by a foul vessel, especially when measures are not taken to keep the hold free from stagnant and putrid bilge-water, and more particularly when there exist in the hold droppings and drainings from putrifiable matters which are allowed to penetrate and remain underneath the timbers of the ship.

2d, By cargoes consisting in whole or in part of rags, cotton, or other light porous substances, shipped from ports at which any malignant epidemic, or disease of a contagious and infectious character, prevailed at the time when the vessel was loaded.

3d, By the filthy bedding, baggage and clothing of emigrant passengers, particularly when they are crowded together in insufficient quarters, although the passengers themselves may be free from any actual disease.

4th, By the air that has been confined during the voyage in closely-sealed and ill-ventilated holds.

5th, By squalid and diseased passengers, landed and crowded together in unhealthy neighborhoods, or in small and ill-ventilated dwellings.

6th, By passengers and crews who are actually laboring under, or infected with any positively contagious disease, and by their bedding, clothing and baggage.

The above resolutions were adopted by a vote of 18 in favor, 2 against, and 1 tie vote. The States voting *aye* were Massachusetts, Rhode Island, New York, New Jersey, Pennsylvania, Delaware and Maryland. The only State voting *no* was Virginia, the delegation from the Norfolk Board of Health, and that from the Norfolk City Council, agreeing in this vote. The delegates from Louisiana disagreeing, the vote from that State was a tie.

The following additional propositions were discussed, and finally indefinitely postponed :

1. Yellow fever is not contagious, *per se*.
2. That it is only propagated in a foul or infectious atmosphere, analogous to that which gave it birth.
3. That the term "contingent contagion" is a misnomer, inapplicable to yellow fever; that whatever condition relates to yellow fever is essential, whether of an atmospheric or malarious condition, and that without these, yellow fever always ceases with the individual case.
4. That quarantine measures alone can never protect a community either from the introduction or propagation of disease, however rigid it may be, as it is but a branch of the important department of hygiene.
5. That we believe efficient sanitary measures, properly enforced, can always protect a community against the origination or extension of any of the above diseases, except smallpox.

---

*Deaths in Boston* for the week ending Saturday noon, May 30th, 60. Males 34—Females, 26.—Accident, 1—asthma, 1—stoppage in the bowels, 1—congestion of the brain, 1—cholera morbus (so reported, death after few hours' illness), 1—consumption, 11—convulsions, 1—croup, 2—dysentery, 1—dropsy in the head, 2—drowned, 1—debility, 2—infantile diseases, 1—puerperal, 1—gangrene (imperfect anus, mortification followed incision), 1—erysipelas, 2—typhoid fever, 3—scarlet fever, 6—disease of the heart, 3—hemorrhage of the lungs, 1—hemorrhage (from blow on the head), 1—intemperance, 1—inflammation of the lungs, 3—disease of the liver, 1—marasmus, 2—old age, 2—palsy, 1—smallpox, 1—teething, 1—tumor in brain, 1—tumor on shoulder, 1—whooping cough, 2.

Under 5 years, 23—between 5 and 20 years, 10—between 20 and 40 years, 9—between 40 and 60 years, 7—above 60 years, 11. Born in the United States, 44—Ireland, 14—other places, 2.

*Professor Doremus's Lecture on Light.*—Dr. R. Ogden Doremus, of the New York Medical College, lately attracted an immense audience of fully three thousand persons to the Academy of Music, in that city, as we learn from the Daily Times. He lectured on "Light," for the benefit of St. Ann's Church for Deaf-Mutes. For three hours and a half the Doctor kept his audience spell-bound. The most brilliant experiments were produced, on a gigantic scale, commensurate with the size of the building. The final experiment of the evening was the production of photographic pictures by electric light, a thing never before attempted with any considerable success. Mr. Brady officiated, with a large camera. The light produced was perfectly dazzling, and very sunlike. The experiment proved eminently successful.

*Cases of Poisoning by Strychnia.*—A case of accidental poisoning by strychnia, in which four grains were swallowed, and recovery took place, under chloroform treatment, is recorded in a West Canada newspaper, but has not as yet, we believe, been confirmed by medical testimony. The patient is said to have discovered his mistake as soon as he had swallowed the poison, and applied to a Dr. Swinburn, who at once gave him an emetic. Two large emetics failed to produce vomiting. Twenty minutes after the poison had been taken, tetanic symptoms showed themselves. Dr. Bly applied chloroform, which relieved the spasms in about three minutes, and stopped them completely in ten, when a third emetic was given; in about ten minutes vomiting was produced, and this effect was kept up by the free administration of warm water. The chloroform was constantly administered for seven hours, after which time the spasms ceased.—*Pharmaceutical Journal*, Jan. 1st, 1857.

*Pepsine.*—The dose of pepsine is about one scruple. The article sold under this name, is prepared by washing the rennet bags of sheep, pigs, &c., to cleanse them from adherent impurities, and then scraping off their mucous membranes with a knife. These membranes are then bruised and digested in distilled water for twelve hours. The resulting solution after being filtered, is treated with acetate of lead; the lead precipitate is diffused in water, and decomposed with sulphuretted hydrogen. The fluid thus obtained, after having been filtered, is evaporated to dryness, and mixed with an equal weight of starch. To the mixture a little lactic acid should be added, and, when dried, it forms the so-called pepsine.—*Amer. Druggists' Circular and Chem. Gazette*.

*Dear Luxury.*—The vanilla bean grows in Mexico, near Vera Cruz, and has become very profitable to the cultivators. The brean at Washington has information that last year's importation of, and consumption in the United States of this article amounted to 5,000 pounds, at a cost of twenty dollars per pound, or \$100,000, paying the United States a duty of twenty per cent., or \$20,000. At the present time the vanilla bean is selling at from thirty to forty dollars per pound.—*Ibid*.

*Cæsarean Section.*—M. Alloin, in the "Journal de Medecine et de Chirurgie Pratique," publishes an account of an operation successfully performed both for mother and infant. The sides of the incision in the abdomen were kept in contact by means of compresses and bandages, the operator being opposed to sutures in these cases.—*London Lancet*.

*Amputation at the Hip joint.*—Dr. Geo. C. Blackman records (*Western Lancet*, Jan., 1857) a case of osteocephaloma of the femur, involving two-thirds of the shaft of the bone, in which he performed amputation at the hip-joint. At the date of the report, fifty-four weeks after the operation, there were two or three fistulous openings, probably communicating with the cotyloid cavity; but no appearance, as yet, of a return of the disease.—*Amer. Jour. of the Med. Sciences*.

*Pathological Specimens.*—Dr. Goadby uses the following mixture for the preservation of fresh anatomical and pathological specimens: rock salt, two ounces; nitrate of potash (to preserve color), two drachms; boiling water, four ounces. Mix and filter. This is said to be far superior to alcohol, and the color of preparations is better preserved.—*Western Lancet*.

*Ligature of the External Iliac for Aneurism of Femoral Artery.*—This operation has recently been successfully performed by Dr. Mercier, of New Orleans.—*New Orleans Med. and Surg. Journal*.



THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. LVI.

THURSDAY, JUNE 11, 1857.

No. 19.

---

REPORT OF A SUCCESSFUL OPERATION FOR CLEFT PALATE.

BY E. K. SANBORN, M.D., LOWELL, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

STAPHYLORAPHY, or the operation for the cure of cleft palate, has received much attention from modern surgeons. The operation is one of importance, both on account of the peculiar nature of the malformation it proposes to correct, and the numerous difficulties attending the performance of the operation itself. The following case, it is thought, will be of interest in connection with this subject generally—though more specially in reference to a novel mode of performing an important part of the operation, which has been recently introduced to notice by an English surgeon, Mr. Pollock.

The common cause of failure in this operation is well known, among surgeons, to be the dragging on the sutures, produced by the involuntary contractions of the palate, during and subsequent to the operation; and it is generally conceded that in order to perform the operation easily, as well as to effect the nice adjustment of parts requisite to secure a complete and firm union throughout, it is necessary to paralyze the *velum palati* by a division of the muscular structures which produce these spasmodic movements. The muscle chiefly active in producing the movements prejudicial to the success of this operation, is the *levator palati*; and a complete division of this muscle, if not absolutely essential, is certainly very favorable to a successful result.

To lessen the chances of inflammation, it is very desirable to cut the parts involved as little as possible. The "lateral incisions" of Dieffenbach are open to this objection of mutilation; and so also are random incisions about the pillars of the fauces. The point at which the *levator* can be divided with the least cutting is at the base of the *hamular process* of the sphenoid bone. The manner in which this point can be easily reached, is shown in the following account of an operation recently performed by me.

Mrs. H., a widow lady of this city, aged 25, was born with a fissure of the soft palate. Power of deglutition unimpaired—voice indistinct and nasal, as usual in such cases. On examination, the cleft was found to extend from the bony palate through the middle of the uvula. On being touched, the soft parts were strongly drawn upward and outward to the sides of the fauces, leaving but little of the palate free.

*Operation.*—The patient being seated opposite a strong light, with her head supported by an assistant, the left half of the uvula was seized with common dissecting forceps, and drawn gently down until the border of the fissure was well defined. A double-edged, pointed scalpel was then thrust through the palate, about two lines from the edge of the fissure, and midway as regards its length. The incision was then continued upward to the angle of the cleft, and downward through the uvula, and the edge carefully removed. The opposite side was treated in the same manner, the knife being held in the left hand.

After a little delay, the second and important part of the operation was commenced. The depending portion of the left side was seized with the forceps, as before; the hamular process made out with the finger; then a straight, double-edged, pointed bistoury was entered close by the edge of the process, and thrust completely through the palate, in an upward and inward direction, in such a manner that the point of the knife could be brought to view through the fissure. By a slight movement backward and forward of the handle of the knife, the levator was divided without enlarging the wound through the palate. The section was shown to be complete, by the side of the palate yielding to the traction of the forceps, and by its hanging at a lower level than the other portion when the knife was withdrawn. The opposite side was treated in the same manner. The two flaps of the palate were now perfectly passive, and the fissure was considerably narrower than before the operation was commenced. Some hæmorrhage followed the last incisions.

The last step of the operation consisted in drawing together the edges of the palate by means of sutures, three in number. The passive condition of the parts rendered this quite easy of accomplishment. The ligatures used were of stout silk; the needles of two kinds, straight and hooked, carried in strong clasp forceps.

The operation did not prove painful or exhausting to the patient; and she walked home, nearly a mile, immediately after.

*Third day after operation.*—Patient perfectly comfortable; has no pain in throat; has not swallowed food or spoken for *sixty hours*. Examined the mouth carefully, and found the parts in perfect apposition. Swelling trifling—some redness about sutures, and ecchymosis on right side. Ordered broth, &c. for support.

*Fourth day.*—Patient complains (by signs) of soreness of fau-

ces. Redness and swelling are increased, particularly above the sutures. Has taken liquid food twice.

*Fifth day.*—Soreness less than at last visit. Some ulceration existing about the sutures, the two upper ones were removed, and the union was found to be complete throughout, with the exception of a *pin-hole* opening at the upper angle.

*Seventh day.*—The last suture was removed yesterday. To-day the union seems firm and complete, with the exception of the minute opening alluded to.

The improvement in the voice in this case is very marked. Many words are pronounced with great distinctness, while others have the peculiar nasal sound as before.

#### THE NATIONAL HOTEL DISEASE—LETTER TO DR. D. H. STORER.

[Communicated for the Boston Medical and Surgical Journal.]

DEAR SIR.—You ask me for a statement of such facts as came within my knowledge, during my recent illness at the National Hotel, in the city of Washington, and since my return this spring, having reference to the somewhat peculiar disease, which, last winter, seems to have invaded and depopulated that ill-fated house.

I comply very cheerfully with your request, because you are pleased to say, that by some possibility, which I really believe must be very remote, such a statement may do good hereafter, to somebody; although I cannot but believe that everybody in the whole community has already been treated to the facts, and to speculations, theories and conjectures *usque ad nauseam*, upon this literally sickening subject.

I took lodgings at that hotel on the morning of Friday, the 30th day of last January, and had my meals there regularly during that and the following day. The third day I dined elsewhere, but returned, in the evening, to the hotel. During the night of this third day I was attacked with diarrhoea, but not very violently, having been compelled to leave my bed, I think, only twice. Upon saying something about my illness, the next morning, to some friends and fellow-lodgers, I found, somewhat to my surprise, that a great number of the inmates of the establishment were in the same unpleasant condition with myself; in fact, that everybody about me was complaining of similar difficulty and derangements.

All this, however, occasioned no alarm or panic, for no one of the whole number seemed to consider himself very seriously ill. Nobody, so far as I know or heard or believe, had then applied, or even thought of applying, for medical advice. I had not, nor did not then, nor for five days afterward; and there were five or six gentlemen, with whom I spent most of the time for the four succeeding days, all of whom were as unwell as myself, who did not call in



the aid of any physician. To show you how trivial and unimportant all considered this disease, in its inchoate state, I may mention that I happened to be in a room with some ten or a dozen gentlemen, one of whom was Mr. Buchanan, the then President elect, who had himself been seized with it; and I remember distinctly that he and others remarked, that it seemed so mild in its character, one might anticipate a salutary and beneficial result to the general health rather than any evil consequences from its presence. A day or two after this, as there seemed to be no abatement of the disease, several of us applied to a neighboring apothecary, and were furnished with some astringent preparation, said to be a specific for such troubles, and we were temporarily relieved.

On Friday, just one week from my arrival, I had become satisfied that the atmosphere of the hotel was impure and dangerous to health, not to say pestilential; and I left it and removed to the dwelling house of a relative and friend at the west end of the city.

The next morning, Feb. 7th, having had a renewed attack, with vomiting and pretty severe cramps in the feet, legs and hands, my friends called in their family physician, Dr. Hall, of Washington, who continued his visits for nearly three weeks, when I left for home. But at Baltimore I gave out, and was obliged to remain there two weeks more, before I was able to prosecute the journey to Boston. Dr. J. H. Buckler was my physician in Baltimore.

In attempting to give you some account of the character of this malady, as it appeared to me, and to describe, as well as I may, the general condition of those with whose cases I became acquainted, which I know I must do very imperfectly, from my great want of the use of the technical language of your profession, I beg to premise, that all I have to say relates to those persons who were made sick on the very last days of January and the first week of February. Of those who came afterward I know nothing, except from hearsay.

One peculiarity, to my mind, in this disease, has been *an entire absence of pain*, from its commencement to its ending. I have never felt the slightest sensation of pain in the region of the stomach, nor in any part of what, I think, you call the great vital package, nor in the lower viscera, nor in any other part of my body, which could, in any manner, or by any possibility, arise from the action of this disease, from its first inception to the moment of this writing; and my own experience in this particular is the same as that of at least thirty others, with whom I have compared notes. One gentleman, adverting to this peculiarity, remarked to me that he thought it an altogether ugly symptom, and that he should be rejoiced to experience some sort of pain—colic pain—any pain, any sensation except that which seemed to be upon all of us—a very death-like torpor of the whole viscera, upper and lower.

The faecal discharges in my case, and in all with which I was acquainted, were most copious, uniformly watery, frothy, and of a peculiar unnatural, acrid smell; in appearance, as all agreed, like so much baker's yeast. These dejections were so abundant, expelled with such tremendous force, so entirely overwhelming, so extravagant and disproportionate to the quantity of food taken into the stomach in a given time, as to stagger belief, and to become as frightful as they were exhausting to the patient. We were all annoyed immeasurably with *flatulence*, with the abdomen strained to a drumhead tension, and with a sickening, disgusting, *swill-like* acidity of the stomach.

Unnatural *thirst* was another accompaniment. I have seen a statement in some newspaper, which declares that we all hankered after acidulated drinks. I can't speak for other parties, but what *I* desired, longed for, prayed for, dreamed of and thought of, day and night, was what, of course, I could not have—some good, pure, cold water from our own New England wells. A dreadful *nausea* has been, in my case, the very worst and most miserable attendant upon this complaint. I have felt it almost all the time, from the first till now. If I were, even to-day, to take an ounce of beef-steak, or that amount of any animal food into my stomach, my experience thus far is, that I should suffer for hours from this horrid nausea.

There is one other feature of this calamitous sickness, which seems to merit the attention of the medical profession; and that is, its probable regular *intermittent* character. It recurred quite regularly, in my case, during the first five or six weeks, once in about three days. Since that time, the intervals between the attacks have been greater and much more irregular, and the attacks have been weaker and weaker as time has progressed. All agree that this regular and constant recurrence, again and again, after the patient had reason to suppose himself cured, is as strange and unusual as it is discouraging and disheartening to the party who suffers. So far as my experience goes, I can bear witness that it has been the source of most intense and terrible suffering.

Perhaps, in this connection, I ought to say that one of the sufferers at the National has lately informed me that the skin has come entirely off his body, and that, for a long while, he felt as if covered from head to foot with scaly tetters. Another gentleman has told me that, in his own case, a disagreeable eruption came upon the surface of his body, and he dated his cure from that demonstration. In as many as three instances, unmistakable evidences of *gout* have made their appearance, and this latter disease has progressed and receded *pari passu*, steadily, with the diarrhoea.

From a certain brilliant appearance of a particular joint of one of my own great toes, as well as from the great inconvenience I

experienced in trying to wear a boot, or even to bear a stocking upon that foot, for a few days, I am strongly inclined to believe that this very gentlemanly but painful disease paid me, for the first time in my life, a short visit. It has gone now, with all its pangs, twinges and throbs, and I could wish, with all my heart, that the other disease had gone in its company.

And now a word as to the origin and probable cause of this unfortunate sickness. There have been all sorts of speculations and theories published in the newspapers, and talked of in the streets of every city and village in the country, as everybody has read and heard.

The first and boldest of these, and the easiest for people to talk about and write about, was *arsenic*; that we had all been fed upon food with which this poison had been freely commingled, or had been drinking daily and hourly a solution of arsenic and water, and perhaps both; that either this poison had been given to the rats, and they had conveyed it to the water-tanks of the hotel, or that it was wickedly and maliciously mixed with the food and water for the purpose of destroying the life of the President elect of the United States, then a guest at this place. Some partizan newspaper editors, with very little charity for poor humanity, went so far as to suggest the probable agency of an opposite political party in this diabolical and fiend-like plot. One editor asked, with great zeal and earnestness, why the black servants were not brought up and questioned; why the public authorities of Washington did not take the matter in hand and act vigorously and at once. The answers are very simple and easy. The sanitary board of the city have again and again examined the premises, and have made and published reports which ought to satisfy and will satisfy, I have very little doubt, any reasonable mind as to the real origin of the disease. As to the inquiry about the black servants, the answer is, there were no such persons in the house. The servants were all of them Irish; and they are supposed to be, and I have no doubt they are, as well disposed and as friendly toward Mr. Buchanan as possible. Besides, they were all of them made sick themselves of the same disease, the principal cook's case being the worst.

I have no personal knowledge of Mr. Guy, the occupant, nor of the owner or owners of this house; but I can conceive of a motive—and an exceedingly strong motive—on the part of the owners or occupant, to desire that the public should believe in this theory of mineral poison as the cause of all the trouble, for then the same public would also believe that all could very easily be remedied.

But that any person or persons, from malice or sheer wantonness, could have deliberately, from day to day, procured arsenic or any other active mineral poison, in the necessarily very large quan-



tities which certainly would have been required, and for the entire space of thirty or forty days consecutively, have mingled it or have caused it to be mingled with the food or water, or both, in use at the house, with the vague and wicked and hellish design to destroy the life of anybody who might chance to taste food or drink water upon the premises, implies a degree of refinement in malice and a prodigal love of murder, of which there is no example, God be praised, in our times, in this country nor in Europe. Nor do I believe that a case of such deep and damnable depravity as this theory supposes, can be found upon the records of crime throughout the civilized world. Certainly it would go far beyond the worst of the hired assassins and poisoners under the vilest of the Roman emperors; it would exceed all the horrors of the secret and terrible agencies of the Borgias, and would scarcely find an equal example in the frightful exploits of that accursed, pitiful, heathenish villain, the Chinese baker of Hong Kong, whose murderous crimes have just been made public. As the idea of any attempt at poisoning from malice, in this case, is too revolting and too horrible to be entertained, in my judgment, so that of the conveyance of poison through any agency of rats is quite too absurd and altogether too ridiculous to be repeated.

But some people have insisted that the calamity was the result of *copper poison*, derived from the too-much-worn kitchen utensils. Indeed, I saw a letter from a very intelligent source in Washington, not ten days ago, saying that the homœopathic doctor of that city had had the charge of thirty patients, direct from the National; that he had treated them all for copper poison, and that in no case had there been a relapse of the disease, and they were all well. I called upon one of these patients, who is now in this city. He told me a very different story. He said that he had not yet recovered, that he had had frequent returns of the disease, that the homœopathic doctor, at Washington, attended him, treated him for poison by *arsenic*, that he had been treated for poison by *arsenic* since his return to Boston, and that he believes to this day that he was poisoned by *arsenic*.

I heard this story of the copper poison at the time. I believe the kitchen utensils were examined, and found to be all perfect. I was so informed at the time, and I believe it to be true. If they were otherwise, how easy it would have been for Mr. Guy to have replaced them; and as the receipts of his house, at the time of this outbreak of sickness, must have been some thousand dollars a day, and as he had every reason to expect they would be increased, for six weeks then to come, it seems to me he would have appropriated something to these necessary repairs. One day's receipts of that house during and near the time of the President's inauguration, would have supplied ordinary kitchen furniture for every place on

Pennsylvania Avenue, from the White House to the Capitol. But I imagine nobody now believes we were poisoned by copper.

For myself, I have no remaining doubt as to the real origin of this disease. I believe it is attributable exclusively to the poisonous gases from the sewers of the house and street, aided, it may be, by the deleterious and very offensive effluvia from the vaults under the building. I believe this noxious vapor was driven back upon and into the cellar by the sudden rise of the Potomac, into which the common sewer should empty itself. It broke out directly after three very warm days, during one of which the rain fell copiously for twelve hours, and during which time the river rose very rapidly. Diseases of a similar character have often been known to originate from a similar cause. I remember that the first cases of Asiatic cholera ever reported in Boston, in the year 1832, occurred in Eliot street, and were said to have originated from the opening of a sewer. In Baltimore, a few years since, upon a return of the cholera to this country, the citizens had, in the most spirited manner, cleaned their streets and vaults, and kept themselves free from the scourge while their neighbors were suffering; when, suddenly, this dreadful pestilence made its appearance in the almshouse. Upon making an examination, it was found to arise from the foul air in a drain. This was made clean, and the disease disappeared. In Charles street, in this city, two men were made very sick with symptoms much like those which I have just been describing in my own case, from incautiously opening a drain containing poisonous gases. The cholera, or some disease very nearly akin to it, made its appearance in our own penitentiary, in Charlestown, when there were no other cases known in this vicinity. I am told that it sometimes happens in dissecting rooms, when the subject under the knife has become decayed and offensive, that the more sensitive of the class are apt to be seized with a disease similar to that of the National; so that upon this last theory we are not altogether without precedent and analogous cases.

But I have already written quite too much upon this now worn-out subject, and I am very certain you will be glad to find that you have reached this, my last paragraph. With great respect, I remain

Your obedient servant,

ISAAC O. BARNES.

*Boston, May 20th, 1857.*

## CRANIOTOMY.

BY F. PINEO, M.D., QUEECHY, VT.

[Communicated for the Boston Medical and Surgical Journal.]

WHEN does it become our duty to resort to craniotomy? This is often an embarrassing question to the accoucheur. Statistics show that the maternal mortality is greater than in forceps

cases, which is probably due to procrastination on the part of the medical attendant, being reluctant to destroy the child; and this indecision often results in the death of both mother and child. If the deformity, or the disproportion between the pelvis of the mother and the head of the child, be not discovered in time to turn (as recommended by Dr. James Wilson, as a substitute for craniotomy), and the head is impacted in the pelvis, the patient losing her strength rapidly—if the forceps cannot be successfully applied, and labor has been of long continuance, then I should advise craniotomy, whether the child was dead or not.

In Catholic countries I believe the feeling prevails that the mother should be sacrificed to save the child; and the Cæsarean section is accordingly advised more frequently than in this country. But in enlightened America I presume there are very few who would hesitate to save the mother by an operation which would incapacitate a fœtus from receiving that breath of life which makes man a living soul, subject to the thousand ills that flesh is heir to. During a practice of ten years I have done the operation of craniotomy three times, under the following circumstances.

CASE I.—The woman had been in labor 72 hours, when I was called in consultation. The head of the child had been impacted and immovable for twenty-four hours, and the child had been dead twelve hours, according to the account of the attending physician. Repeated ineffectual attempts had been made to deliver with the forceps. The patient was exhausted, and had suffered intensely. I proceeded immediately to reduce the size of the head, and in less than half an hour delivered the woman of a child weighing over 12 pounds. Convalescence very rapid.

CASE II.—Had been in labor 48 hours; pains severe; head impacted in the pelvis, and no advancement. The woman suffered much from vomiting. I wished to apply the forceps, but the friends were not willing I should do so until the *priest came*. The priest did not arrive until the woman had been in labor 72 hours. He then consented that the forceps should be used, and they were applied by myself and another physician, whom I called in as counsel, but no impression could be made upon the condition of the labor. The woman was evidently sinking; and I told the priest that she would die if not delivered immediately, and that craniotomy was the only proper course to pursue. He wished to know if the child was dead. I thought it was not. He refused then to allow the operation done. "*What!*" said he, "*shall we take the life of the innocent unborn, that never sinned, to save the guilty? No indade.*" Several hours more elapsed, when I threatened to leave the house if I was not permitted to do my duty. With some representation to the priest that the child was probably dead, the operation was finally permitted. I delivered the woman in less than twenty minutes. Some hæmorrhage, though not much, follow-



ed; the patient was exceedingly prostrated. The use of suitable stimulants, which even then might have saved the patient, was prevented by the priest and his votaries, who surrounded the bed and guarded the door (when we passed into another room to prepare some medicine), and hindered our entrance into the sick room at a moment when the patient required the closest watching and attention; and not until after the ceremony of absolution to the dying was performed, were we permitted to see the patient. She was delivered about 5, P.M., and gradually sank and died about midnight. No autopsy was allowed.

CASE III.—Had been in labor 72 hours. I was called in consultation. Found two physicians present, both of whom had tried to deliver with the forceps, but without avail. The woman was very much exhausted, and friends despairing. After satisfying myself that delivery could not be accomplished with the forceps, I advised craniotomy. The lot fell upon me to operate. I delivered the woman in fifteen minutes. The bones of the cranium were unusually firm and resisting, requiring considerable force to perforate and break down. No untoward symptoms followed, and convalescence was very good.

It is fair to say that in Case II. I have no doubt the mother could have been saved if the prejudice exhibited had not prevented my operating at the proper time.

May 8th, 1857.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

APRIL 27th.—*Tubular Pregnancy*.—This case occurred under the care of Dr. S. D. Brooks, Superintendent of the State Almshouse at Monson, and his assistant, Dr. Hastings. The specimen, which was brought to the city by Dr. James Holland, of Westfield, and has been presented to the Museum of the Medical College by Drs. B. and H., was exhibited to the Society by Dr. JACKSON, with the following report of the case by Dr. B.

"Sarah Kewin, admitted into this Institution Dec. 20, 1856, aged 25 years; born in Ireland; naturally healthy and vigorous; married, and mother of one child about two years old. The first that was known of her being unwell, was Feb. 1st, 1857, when she applied for something to relieve her of what she called 'piles.' At this time she complained of constipation, and severe pain through the pelvic region and rectum, on going to stool. She stated that she had experienced more or less pain of the kind, on evacuating her bowels, for four or five weeks previously, and thought the difficulty increased. Aside from this, there never were, neither had been, any indications of illness, either in her appearance or history up to this date.

"On the morning of February 13th, she arose and dressed herself, feeling as well as usual; she soon went to stool, and immediately after an evacuation, she was seized with severe pain of the character and in the same location which she had described before, only more intense. In about half an hour after, Dr. Hastings, the assistant, saw her, and investigated her case more fully than before. At this time the pain did not subside as before, but was continued; there was no tenderness on pressure over the abdomen; the pulse was not much disturbed; the tongue was clean, and the countenance indicated a great deal of suffering. She had passed two menstrual periods, although she did not regard herself pregnant. Opiates were administered, from which she obtained relief from pain, but continued in bed till 2 o'clock, P. M., when she arose, dressed herself, and walked down one flight of stairs into the office; regarding the attack like other previous ones, only more severe. She soon, however, became faint, vomited, and immediately removed to the Hospital. The pain returned with increased severity; pulse frequent and small; face and lips colorless. Stimulants and opiates were administered, and applications were ordered to the bowels and extremities. At 6 o'clock, P. M., the pain was less severe; pulse frequent and feeble; nausea; some tenderness on pressure; abdomen resonant on percussion. At 10, P. M., the pain continued to abate; pulse much the same; tongue slightly coated; considerable tenderness above the pubes; thought she should rest well through the night.

"*February 14th*—6, A. M.; rested quietly till 5 o'clock this morning, when she awoke, saying she felt better. Soon after she arose, got on to the stool, fainted and was removed to the bed, where she gradually sank, and expired about 10 o'clock, A. M., being about 28 hours from the attack. At this time the abdomen was distended, and dull on percussion over the lateral portion.

"*Autopsy* 12 hours after death. On opening the abdomen, the peritoneal cavity was found filled with blood, which was carefully removed by the sponge. In exposing the *uterus and its appendages* (which process was conducted with exceeding caution, in view of determining the source of the hemorrhage, especially as those organs had been previously regarded as the seat of the trouble), the abnormal portion of the tube containing the foetus lay by the left side of, and partly over, the rectum. It had formed for itself partially, a cavity, in which it lay—part of it extending upward and over the rectum, so that a portion of it was anterior to it.

"I think there could not have been any visible hemorrhage from the uterus, or any thing which could have been confounded with the catamenia, or she would have mentioned it in connection with interrogatories pertaining to that function. She had passed two regular menstrual periods, and governing our opinion by her own account, she must have been in the third month of pregnancy. I think the *rupture* must have been occasioned by the straining and effort in evacuating her bowels on the morning of the 13th, when, for the first time, hemorrhage internally ensued. The *rupture* of the tube might have been enlarged by similar subsequent efforts, but I do not think the extent of it was increased in the course of the examination."

The specimen had been well preserved in spirit, and the following facts were noted. The uterus was three and three-quarters inches

long, two and three-quarters inches in width, and its parietes three-fourths of an inch thick. The decidua was strongly marked; the *cervix* was filled with viscid, transparent mucus. The *ovum* was in the right *Fallopian tube*, measuring two by one and a quarter inches; the tube was extensively lacerated, the membranes projecting through the fimbriated extremity, which was not involved in the laceration, and in the form of a thin cyst, two-thirds of an inch in diameter. The *chorion* was mostly free from villousities, and through it is very distinctly seen a *fœtus*, apparently as large as usual at from two and a half to three months. Three longitudinal incisions were made carefully and with a sharp scalpel through each ovary, and each section was cut up transversely, and so completely as to give the whole a fringed appearance, but no trace of a *corpus luteum* was found in either. The absence of a *corpus luteum* in this and in some other cases of gestation, and the circumstance of its being occasionally found in one ovary when the *fœtus* evidently came through the other tube, shows that there is something yet to be learned in regard to this body.

In connection with the above case, Dr. Jackson referred summarily to five others which he had had an opportunity to examine anatomically and in a recent state.

1st, Dr. Fisher's case; the specimen in the Society's Cabinet, No. 711. The *fœtus* is three-fourths of an inch long; is in the right tube. The uterus is three and a quarter inches long; no well-marked decidua. The patient was a lady *æt.* 18, married ten weeks; catamenia came on the day after marriage, again in two weeks, and often afterward; profuse. The patient died in twenty hours after an attack of flooding, and with symptoms of collapse. Three quarts or more of blood in the peritoneal cavity.

2d, Dr. Shurtleff's case; reported to the Society by Dr. Storer. The *fœtus* is four and a half inches in length; is in the right tube. The uterus is four and a half inches long; internal surface quite soft. The patient was *æt.* 32. Had had flowing for the last two months, followed by syncope. The abdomen was tender, and peritonitis occurred a week before death. She was so far relieved as to be able to go out of doors the last three days. She lived about three and a half hours after symptoms of internal hemorrhage came on. Nearly two quarts of blood were found in the peritoneal cavity; and lymph, the result of inflammation. This is the only case in which peritonitis has been observed.

3d, Dr. Flint's case. No *fœtus* nor cord was found, though the *amnion* and *chorion* were well marked; in the right tube, which was distended to the size of the last joint of the finger; no decidua in the tube. The uterus three inches in length; not much relaxed; no decidua; *corpus luteum*, seven by five lines. The patient died in twenty-four hours, with symptoms of internal hæmorrhage, having been as well as usual previously. The abdomen was full, but not tender nor painful, and was exceedingly tumid after death; three quarts of blood existed in its cavity.

4th, Dr. Buck's case. The *fœtus* was three eighths of an inch in length; in the left tube, which was distended so as to form a tumor two by one and one fourth inches. This last consisted mainly of effused blood; but the amniotic fluid was quite clear. *Uterus* three and a half inches long; *corpus luteum* in the left ovary. The patient, an



Irishwoman, æt. 24, was married in April, 1842. The catamenia occurred a week afterward, but there was no further discharge until a few days before her death, which took place on the 10th of July. Having been beaten by a brutal husband on Thursday night, she soon had pain in the abdomen, with faintness, and she died on Saturday, P.M. There were five pints of blood in the peritoneal cavity.

This case was seen in consultation by Dr. Jacob Bigelow, and correctly diagnosticated. Only three weeks previously, No. 3 had occurred; the case was reported, and the specimen shown to the Society; and nothing could show more strongly the advantages the profession may derive from the formation of medical societies.

An interesting fact that was observed in this case, and that may have an important bearing on the question of the cause of the arrest of the ovum in the tube, was an apparently perfect obliteration of the cavity of the tube between the ovum and the uterus. This point Dr. J. has not examined in any of the other cases, and he has not seen it referred to in any published case. Something like a tube could be felt, but on cutting down upon it no tube could be found. Between the ovum and the fimbriated extremity the cavity of the tube was quite free, and its parietes were distinctly traceable to a considerable extent over the ovum. It would not be a very remarkable circumstance if a portion of the tube should become obliterated, as the result of former inflammation, though it is lined by a mucous membrane; analogous cases are found in the cystic and lachrymal ducts and in the ureters. And if it be suggested that an obliteration may take place subsequently to the arrest of the ovum, it is difficult to conceive of its becoming so complete as it was in the present case in the course of not more than two months. It is to be hoped that this point will be attended to in future cases. It is certain, as remarked by Dr. Putnam, that it would be impossible to conceive of an ovum being impregnated when the tube upon the corresponding side is obliterated; at least, according to our present physiological ideas.

5th. Dr. PERRY's case. The fœtus weighed two pounds, and was thirteen and one fourth inches long; spine, six and a half inches long. In the right tube, which formed a large cyst, containing a dirty bloody fluid; the placenta was closely adherent. Uterus four inches in length; no decidua; no *corpus luteum* in the right ovary. The patient was 34 years of age, and had been married eleven years, but had never before been pregnant. She considered herself, at the time of her death, as in the 6th or 7th month of pregnancy; had suffered much, and for the last six weeks had had purpura, with hæmorrhage from various parts.

It was evident, in this case, that hæmorrhage had taken place into the cavity of the tube long before death, though there was no rupture of the tube, and no hæmorrhage into the peritoneal cavity. The occurrence of purpura in this case, in connection with the profuse hæmorrhage that so generally occurs into the peritoneal cavity, and from so very small an opening, is certainly a very interesting pathological fact.

It will be observed that, in the above six cases, the ovum was in the right tube in five, whereas it has been remarked that it is usually found in the left.

### Bibliographical Notices.

*On the Death of Pliny the Elder.* By JACOB BIGELOW, M.D. [From the Memoirs of the American Academy of Arts and Sciences, New Series, Vol. VI.] Cambridge: Metcalf & Company, Printers to the University. 1857. Pp. 7. Quarto.

THIS elegant disquisition upon a famous historical fact, commends itself to the attention of our profession, and to all lovers of classical narration, no less by the high authority from which it emanates, than from the undiminished interest still attaching to the story of the buried cities of Italy; and if it be demonstrated that the shroud of ashes which covered them did not actually hide the face and take away the breath of the celebrated subject of these few pages, the two events are none the less strikingly and memorably connected.

After adverting to the universal ascription of Pliny's death, by both remote and late writers, to *suffocation*, the accomplished author founds a different conclusion upon the well-known letter of Pliny the Younger. He believes that the nephew's epistle affords ample reasons for asserting that "some more specific and natural disease" than "suffocation or asphyxia," is chargeable with the death of the philosopher.

Dr. Bigelow would bring more exactness to that portion of Pliny the Younger's letter, which relates to the closing scene of his uncle's life, than Mr. Melmoth, with all his studied "elegance and general accuracy," is, in his opinion, to be credited with.

The word "*caligo*," for Dr. Bigelow, does not involve the undoubted presence of "materials necessarily destructive of life." The fact that those who attended Pliny on this occasion were not asphyxiated, certainly seems highly confirmatory of this opinion, as our author suggests.

It is true that Pliny, being a very large man, doubtless short-necked, and subject, as we are told, to "laborious breathing," and to other symptoms, always of an alarming nature—was more liable than others of a different make, to *suffocation*, or at least to the danger of it; but the same conditions, and even more strongly, rendered him prone to sudden death from apoplectic stroke, or cardiac disease, culminating under these powerful accessory circumstances—and we confess to a willing concurrence in Dr. Bigelow's closing remarks, *viz.*, that "a medical man may be excused for believing that Pliny died from apoplexy following unusual exertion and excitement, or possibly from a fatal crisis in some disease of the heart previously existing."

We take this opportunity to express our acknowledgments to the author for copies of his interesting paper, and our pleasure in calling further attention to his novel view of this thrilling narrative—so far as regards one of its chief actors.

---

*Medical and Surgical Statistics for 1858, of the Medical Society of the State of New York.*

THIS is a collection of blanks for the registration of the diseases and accidents which occur in the practice of the members of the Medical Society of the State of New York, commencing with January 1, 1858. At the end of the year the returns are to be forwarded to the secretaries of the County Societies, by whom a digest will be made, to be forwarded to the Committee on Medical and Surgical Statistics.

---

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

---

 ~~~~~  
 BOSTON, JUNE 11, 1857.
 

---

## ANNUAL MEETING OF THE MASS. MEDICAL SOCIETY.

THE Annual Meeting of our State Society, held in New Bedford, on the 3d instant, was numerously attended. A large number of Fellows were no doubt tempted by the delightful weather to leave their accustomed labors in order to participate in the festivities of the Society, which, on that day, celebrated its *seventy-sixth* anniversary. On the preceding evening, the Councillors met for the election of officers, a list of which will be found below; they were hospitably and elegantly entertained by Dr. BARTLETT.

The meeting of the Society was held in the new and beautiful Liberty Hall, at 11 o'clock, the chair being occupied by the newly-elected President, Dr. LUTHER V. BELL, of Charlestown.

The first business being the reading of Original Communications, Dr. HENRY C. PERKINS, of Newburyport, read an elaborate paper on Typhus and Typhoid Fevers.

Dr. BOWDITCH, of the Committee on Registration, made a verbal report, asking that the Committee be discharged from further consideration of the subject, which was granted.

The reports of the Treasurer and Auditor having been read, Dr. GOULD, chairman of the Committee on Prize Essays, announced that six dissertations had been offered for the prize of *one hundred dollars*, to be awarded, by a Fellow of the Society, to the author of the best essay on the following subject: "We would regard every approach toward the rational and successful prevention and management of disease, without the necessity of drugs, to be an advance in favor of humanity and scientific medicine." Two of these essays, each bearing the device "*Natura duce*," were judged worthy of a prize, which the Committee were unanimous in according to one of these, previously marked No. 1. Dr. Gould then handed to the President the envelope accompanying the essay. The President broke the seal, and read the name of Dr. WORTHINGTON HOOKER, of New Haven. This announcement was received with applause. The President then stated that another prize of *one hundred dollars* was offered by a Fellow of the Society for the best essay on some subject to be announced hereafter.

The report of the Committee on Criminal Abortions before the Suffolk District Society was then discussed, the rules being suspended by special vote. The debate was warmly and ably sustained for about an hour and a half, the principal speakers being Drs. H. R. Storer, J. Bigelow, J. Ware, Ephraim Buck, C. C. Chaffee, of Springfield, and Henry L. Childs, of Pittsfield. The resolutions offered by the Committee were finally referred to a committee consisting of Messrs. F. Hooper, of Fall River; J. Bigelow, J. Ware, Chas. Gordon, H. R. Storer, of Boston; J. C. Dalton, of Lowell, and E. Hunt, of Danvers, who are to report to the Councillors at their next meeting.

At 1 o'clock the Annual Address was pronounced by Dr. MARSHALL



S. PERRY, of Boston. The subject selected for the occasion was the State of Medical Education, and the necessity of raising the standard of professional acquirements among us. The orator considered that this could best be accomplished by making the requirements for admission into the Society more stringent, thus affording the public a guarantee against the inroads of irregular practitioners. Dr. Perry proposed a divorce of the Society from the Harvard (Massachusetts) and Pittsfield schools of medicine, so that a diploma from either of these shall no longer admit an applicant into the Society without examination. Dr. Perry's address was eminently practical, and was characterized by soundness and wisdom. We cordially concur in the sentiments which are expressed in it; and we feel confident that it will be read with interest by those of the Fellows who were not so fortunate as to hear it.

After the address, the Fellows marched in procession, under the direction of Dr. CHARLES GORDON, of Boston, Chief Marshal, to the City Hall, where they sat down to an abundant and excellent dinner. Including the invited guests, the number at table was between two hundred and fifty and three hundred. A blessing was invoked by the Rev. Mr. Parker, and after full justice had been done to the viands, speeches were made by a large number of gentlemen, among whom were the Hon. John H. Clifford, Dr. Bigelow, Hon. Elisha Huntington, Dr. Perry, Rev. Mr. Parker, Hon. C. C. Chaffee, of Springfield, Dr. Childs, Dr. Channing, Dr. Homans, and Dr. Moore of the army. We regret that we have not room to report all these addresses. That of Mr. Clifford was one of the happiest efforts of that distinguished speaker which we have ever heard; it was listened to with deep interest, and repeatedly interrupted by bursts of applause. Rev. Mr. Parker made a very happy allusion to the affinity between the clerical and medical professions, which, he said, coalesced like two circles, whose circumferences pass through each others' centres. Dr. Bigelow's remarks, which we give entire, will speak for themselves. They were in answer to a sentiment alluding to Boston as the Athens of the New World, and were received with the greatest applause.

"MR. PRESIDENT:—Whether Boston is or is not the Athens of America, the favorable manner in which you have noticed its reputation, requires that those who sail under the ensign alluded to should not show themselves indifferent to the compliment bestowed. But I am sure that there are gentlemen present from Boston, much more competent than myself to respond to the flattering sentiment which has been applied to that city. And I am also sure that Boston is indebted for much of the prosperity and intelligence which it may possess, to its prompt and extensive intercourse with the citizens of other parts of the Commonwealth. To-day, all of us must rejoice to find ourselves among our brethren of Bristol County, in the opulent, beautiful and hospitable city of New Bedford.

"But though I have been accustomed to visit this city, one or more times in a year, and trust I have many friends here, yet one may feel a justifiable timidity on the subject of showing his head publicly above water, in a place from whose spirited inhabitants it is known that much larger animals are not accounted safe, and where, in particular, if any one ventures to spout, he may chance to get a harpoon in him.

"I have been profoundly impressed, since my arrival in this place, by the appearance of the city and surrounding scenery. As I this morning passed along the shore of its beautiful bay, and saw a noble ship standing inward, with her swelling sails and freighted wealth, from a more than three years' voyage, I did involuntary homage to the sagacity which had planned and the indomitable courage which had executed not only this, but hundreds of such yearly enterprises.

"I would accord all honor to the city of New Bedford, a place created by the almost miraculous energy of its own inhabitants, from what was originally an uninviting nook on the shore of Buzzard's Bay, with only rocks on one side and salt water on the other. We this day see these rocks converted into walls and pavements and palaces, and this small bay sending out fleets that cover all oceans, and monopolize, as it were, in the face of the American and European world, the richest of their products. It is no small triumph that this city, seconded by a few smaller ones, nearly all lying east of the Hudson, has been able to drive competition from the seas, and levy undisputed tribute upon every whale-ground in every parallel of latitude. We, sir, of the East, have long been accustomed to speak of the far expanding West, of Ohio, of Kansas, of California. But, sir, there is a West beyond all this, illimitable as the vast Pacific, unbounded and inexhaustible in its products, subjugated, and, as it were, annexed to Massachusetts by the grace of God and the dauntless energy of our whalemén.

"Sir, we could do better without the gold of California than without the oil of the Pacific. The one is depreciating in the scale of relative worth, while the other is constantly increasing in request. Gold has but little value in its practical adaptation to the absolute wants of mankind, but oil enlightens and illuminates our continent; it causes the hinges of society to move easily, it lubricates our complicated engines and greases the wheels of our locomotion. The hunted whales of every ocean can scarce supply the demand for it, and if from any cause our hardy New England sailors should abandon their favorite chase, our lamps would fare like those of the foolish virgins, and revolutions would rub hard around the creaking axles of our machinery.

"Shakspeare long ago said, that 'the sovereign'st thing on earth is parmaceti for an inward bruise.' I know not whether the knowledge of this valuable secret has been properly kept up to the present time. But, sir, I am certain that if this method of treating internal contusions has been replaced by worse kinds of practice, the material itself has been applied to better uses.

"I am sorry that my speech is rough when it ought to be smooth, in a region flowing with sperm oil, and a city based on spermaceti. And, if it will smooth my way or my utterance, I would add that among all the cities which it has been my fortune to visit, at home and abroad, I have met with no one which, in enterprise, intelligence and success, is worthy to hold a candle to New Bedford.

"Confident that the prowess of our New England seamen will be heard of as long as there is a monster to be found in Behring's Strait, or an abandoned ship in Baffin's Bay—I give you, sir:—

"*The Sailors of Southern Massachusetts*—May they continue their arduous, adventurous and prosperous career, until lamps shall have gone out of use and whalebone shall have gone out of fashion—until right whales shall be no longer left, and future Jonahs shall have to look elsewhere for suitable accommodations."

The whole day passed off in the most agreeable manner. Most of the Fellows from Boston returned, in a special train, at 7½ in the evening, after one of the most successful and pleasant anniversaries which the annals of the Society contain.

The following is a list of the officers elected by the Councillors :— LUTHER V. BELL, of Charlestown, *President*; THOS. R. BOUTELLE, of Fitchburg, *Vice President*; J. B. ALLEY, of Boston, *Recording Secretary*; B. E. COTTING, of Roxbury, *Corresponding Secretary*; AUGUSTUS A. GOULD, of Boston, *Treasurer*; WM. E. COALE, of Boston, *Librarian*.

#### THE REPORT OF THE COMMITTEE UPON CRIMINAL ABORTIONS.

LEST there should be any misunderstanding in regard to the position of the Journal and the views of its editors relative to this subject, and more especially since the severe animadversion by a prominent member of the *Suffolk District Medical Society* upon us, at its last meeting, for admitting the article upon the said Report, which stands on page 346 of our issue for May 28th, we take occasion to say that we do not consider the charge laid upon us of “libelling the profession” at all sustainable. The sentence in the article referred to which furnished the occasion for the “digression” from the immediate subject under discussion, and held us up, in the speaker’s opinion, to the condemnation of the Society, is this: “Argue as forcibly as they may, to their own satisfaction, the Committee will fail to convince the public that abortion in the early months is a crime, and a large proportion of the medical profession will tacitly support the popular view of the subject.”

We are willing to allow that this is capable of a construction which would imply a “libel” on the profession; but it is also capable of another, and which, to all who know either the writer of the article or the editors of this Journal, will, we believe, be the one most naturally suggested. We should be not a little, and most disagreeably surprised, did we think there was even *one*, in the profession or out of it, who could for a moment imagine we admit that any honorable physician panders, ever so slightly, or even “tacitly,” to the procurement of criminal abortion. But that, either from sheer ignorance or a lack of high moral sense, both of which are so lamentably apparent, alike in city and country, the public do not consider “abortion in the early months” a crime, is only too evident—and what we understood by the expression which has excited so much feeling, is that the profession, or a “large proportion” of it, has not hitherto considered, and does not now consider, it worth while to waste time upon people who will not be convinced, and who are nearly always wholly uninformed, upon the *morale* of the act, at least. By admitting the article in question, we in no degree compromised ourselves, or expressed an opinion contrary to the above; neither does the article betray such sentiments on the part of the writer. We presume that even the denunciator of the article will not assert the contrary; indeed, his own complimentary expressions in reply to our verbal repudiation of *libellous* intentions and acts, sufficiently prove this. Nor need we add anything to our remarks offered at the time, to further express our surprise at the allegation made against us, or to define our own position in regard to the whole matter. Coinciding as we ever have with those who see the necessity of dispelling the ignorance above re-



ferred to, and of exposing the wickedness of criminal abortion, at *all* periods, we lose no opportunity presented to us to do our share of the work. This is not only the province but the duty of every honest man; how far legislative action can advance reform, is a questionable matter which we need not here consider.

A few words with regard to editorial responsibility. Probably none can have a keener sense of this, or have it more frequently or forcibly brought before them. We endeavor to study it and realize it, as a part of our *every-day* task. Let us, however, disabuse the minds of any who may, by a strange mistake, suppose that our independence of action can be effectively invaded. With every wish to do only that which is just, courteous and true, we cannot agree to exclude articles which we very well know contain opinions adverse to those of many whom we are proud to call our friends, merely *because* they are adverse; nor do we believe that any one will expect us to do this. Certainly we should deserve no respect from the profession or the community, were we capable of so partial—so paltry a course. We think, moreover, that we can guarantee the most sensitive against being slandered—we hope even wounded in their feelings, by any communications whose printing we authorize.

#### FISKE FUND PRIZE DISSERTATIONS.

MESSRS. EDITORS,—The Trustees of the "Fiske Fund" announced, at the late annual meeting of the Rhode Island Medical Society, the two following subjects for prize dissertations for the year 1858.

I. The effects of the use of alcoholic liquors on tubercular disease, or in constitutions predisposed to such disease. To be supported by facts, presented as far as possible in statistical form.

II. The morbid effects of the retention in the blood of the elements of the urinary secretion.

For the best dissertation on either of these subjects, they offer a premium of *one hundred dollars*. Each dissertation should be sent anonymously, but designated by some motto, and accompanied by a packet containing the same motto on the outside, and the writer's name and residence inside. The packets accompanying unsuccessful dissertations are destroyed unopened. The dissertations should be sent, free of expense, to Dr. S. A. Arnold, Secretary of the Fiske Fund Trustees, Providence, R. I., on or before May 1st, 1858: and the premiums will be announced at the annual meeting of the Rhode Island Medical Society at Newport, June 30th, 1858. In behalf of the Trustees,

Yours respectfully,

C. W. PARSONS.

---

ERRATUM.—Page 353, line 22, for "much smaller" read *larger*.

---

MARRIED,—At Jamaica Plain, June 4th, Dr. J. L. Williams to Miss M. L. Williams.

---

DIED,—At Carmel, Me., May 13th, Dr. Paul Ruggles, 54.

---

*Deaths in Boston* for the week ending Saturday noon, June 6th, 67. Males 36—Females, 31.—Accident, 1—bronchitis, 1—congestion of the brain, 1—disease of the brain, 1—cancer, 1—consumption, 16—convulsions, 3—cholera infantum, 1—croup, 1—dropsy, 1—dropsy in the head, 2—drowned, 1—debility, 1—infantile diseases, 10—intermittent fever, 2—scarlet fever, 4—disease of the heart, 1—hemorrhage of the lungs, 1—disease of the kidneys, 1—inflammation of the lungs, 2—disease of the liver, 1—marasmus, 2—palsy, 3—pleurisy, 1—teething, 5—tumor in uterus, 1—unknown, 1—whooping cough, 1.  
Under 5 years, 27—between 5 and 20 years, 8—between 20 and 40 years, 14—between 40 and 60 years, 9—above 60 years, 9. Born in the United States, 45—Ireland, 14—other places, 8.

The Medical Society of South Western New York held its annual session in Westfield, Chautauque Co., on Wednesday, May 13th. It was attended by an effective number of its members, and was one of unusual interest. After a sumptuous dinner, the Society elected its officers for the ensuing year :

President, Dr. G. W. Hazeltine, Jamestown ; Vice President, Dr. T. D. Strong, Westfield ; Secretary, Dr. W. P. Bemus, Jamestown ; Executive Committee, Dr. C. E. Washburn, Fredonia, Dr. Edson Boyd, Ashville, Dr. A. Cochrane, Westfield.

Standing Committees were appointed—On Epidemics and Endemics, on Surgery, on Obstetrical Statistics, on Drugs and their adulterations.

Several questions for discussion came before the meeting, suggested by cases of special interest, and occupied the individual attention of the members, till they adjourned to hear the Address of the President, Dr. Hazeltine.

The next session of the Society will be held in Jamestown, on the first Wednesday of August next, at which time A. Hazeltine, Esq., will present the biography of the late Dr. L. Hazeltine. The regular Address will be delivered by Dr. T. D. Strong, of Westfield.

*State Institution for Idiotic and Imbecile Youth in Ohio.*—The Legislature, at the session just closed, passed an act establishing a school for the idiotic and imbecile of our State. Trustees were appointed who have entered upon their duties ; a building has been rented, and the institution will go into operation at once. Dr. R. J. Patterson, of Columbus, and formerly Superintendent of the Indiana Insane Asylum, has been appointed to take charge of it as Superintendent, and who will give any desired information concerning its operations. From the experience and ability of Dr. Patterson we anticipate a successful experiment in the working of this useful addition to our benevolent institutions. Experience has amply proved the great advantages to be had from proper training to this neglected portion of our race, and that the blessings of a kind Providence will smile on any well directed efforts for their amelioration we fully believe.—*Cincinnati Med. Observer.*

*Amylene on the Continent.*—Professor Tourdes has published several articles in the *Gazette Medicale de Strasbourg*, and also presented a paper to the Academy of Sciences, on the administration of amylene. M. Tourdes's experiments in public practice are numerous : and, after detailing the phenomena produced by amylene, he offers the following propositions :—"I do not hesitate in asserting that amylene will prove very valuable with infants and young subjects ; for we can depend upon—1, facility of application ; 2, certainty of effects ; and, 3, innocuous action. To these advantages may be added—1, the rare occurrence of nausea and vomiting ; 2, possibility of producing at will slight or deep anæsthesia, transitory or lasting, with or without muscular relaxation ; and, 3, undelayed waking up, without subsequent unpleasant symptoms. I would advise amylene for cases where anæsthesia of short duration is sufficient, for operations performed with rapidity, or for investigations bearing upon diagnosis ; chloroform should be used when deep anæsthesia is required, as in capital operations, when the surgeon should not be disturbed by the idea of the rapid waking of his patient.—*London Lancet.*

*A Monstrosity.*—The *Gazette* of Lisbon gives the description of a child presenting an almost unexampled monstrosity. His name is Feliciano Assompero, and he was born without any trace of upper or lower extremities, no rudiments whatever being observable. The boy is now twelve years old, is very intelligent, and has an excellent memory. He weighs about 30 lbs., is 17 inches high, and the circumference of the chest, on a level with the xiphoid cartilage, measures 21 inches. The thorax is covered with a thick layer of fat.—*Ibid.*

*Miss Nightingale.*—On the 14th instant, Miss Nightingale, accompanied by Sir John McNeil and Professor Syme, visited the Surgical Hospital and medical wards of the Royal Infirmary, Edinburgh, and minutely examined all the arrangements of this establishment.—*Ibid.*

*Fracture of Clavicle United without Deformity, by Position.*—A case of fracture of the clavicle is reported by Dr. Eve (*Nashville Jour. of Med. and Surg.*) in which the patient had, also, received a severe wound of the arm. For this, he was confined to his bed, on his back, nearly six weeks ; at the end of which time, the clavicle was found to have united without deformity.—*New York Journal of Medicine.*

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. LVI.

THURSDAY, JUNE 18, 1857.

No. 20.

---

## SOMNAMBULISM AND CLAIRVOYANCE.

[Abstract of an Address delivered before the New London County (Ct.) Medical Society, April 9th, 1857, by JOSEPH COMSTOCK, M D., and communicated to the Boston Medical and Surgical Journal by vote of the Society.]

GENTLEMEN,—In reflecting upon what subject to address you, the words occurred to my mind, *tell what you know yourself, instead of telling what others know.*

I began the practice of my profession in Rhode Island, in co-partnership with Dr. Joshua Perry. Dr. P. was called to a girl aged about 15, then on Conanicut Island, near Newport, but whose parents resided in North Kingston. This girl stated that she had been bitten by a spider, and had strange fits, in which she inclined to strike her thorax with the ends of her fingers, and with such violence that her attendants placed their hands on her breast to prevent her hurting herself. But here commences a peculiarity of her case quite remarkable; it was this, that by touching the hands of persons thus placed, when her eyes were closely shut, she could distinguish one person's hand from another's, and that she preferred the hands of her father to those of other persons, and would push a stranger's hands away, and feel for his.

This statement was made to me by Dr. Perry, before I saw her myself; and when I did see her, I witnessed phenomena still more rare and wonderful. It seemed as if the sight of her eyes was transferred to the ends of her fingers, and this faculty was most impressively exemplified; for she could, and did, in my presence, by the touch and with her eyes closely shut, describe colors as precisely as any one could do with their open eyes, and even of complex mixtures. But to make the matter entirely clear, I had a pillow held closely before her face, without in the least impairing her faculty of describing colors. More exquisite still; by feeling the hands of different persons, and those persons afterward handing her a piece of money, she would, and did repeatedly, tell from whose hand it came. The propensity of preferring the hands of her father and other relatives, lasted for several weeks; when,



like the changes, aversions, antipathies, and unaccountable contrarieties of crazy and hysterical patients, it suddenly changed, and even the touch of any one of her kindred would increase her cruel spasms to a horrible height.

As some Italian writer (Baglivi, I believe) had recommended music for the fits, cramps and spasms of persons bitten by spiders, it was procured for Nancy, and when I saw her a second time it was made on a violin by an excellent performer. Music did not cure her convulsions, but it reduced them to order, and to a regular *dancing* system. She danced with all her might and main; spasmodically, laboriously, but involuntarily, and would thus continue the exercise till she was quite exhausted, unable to stand, and would fall to the floor unless caught and supported by some one. If the tune changed, so did her step.

The Italian physicians tell of curing *tarantismus* by music and dancing; but in the case of Miss Hazard it did not cure, but greatly alleviated, and after a month or more of suffering she finally recovered in as strange a manner as she had been afflicted. This was by the formation of an ulcer on the back of her hand, where she said the spider had bitten her, without any *cul de sac*, or abscess. The matter discharged was the greatest novelty; it was thick and green, and without any purulent, bloody, or serous hue, and exactly resembled the juice of green-corn leaves and sage, which dairy women use in making sage-cheese.

An account of this strange case I gave in a letter to one of my medical friends, who sent it to the editors of the *American Medical Repository* (in the year 1803), and in that first of all the American medical periodicals it was published, Hexade the second, Vol. first, Article first, with more minute particulars than I have here entered into. It was from that work, as I have been informed, re-published in Europe; and by some was thought the strangest case on record.

But since then, the cases of Rachel Baker, Jane C. Rider, and Mrs. Cass (the two latter of which were published in the Boston Medical and Surgical Journal), exceed, perhaps, mine in point of marvellousness. I have supposed that this faculty of telling colors by the touch must be imputed to a transfer of the power of vision, or, if you please, a *metastasis*, from the eye to the fingers. In the case of Mrs. Cass, this power seems to have been transmitted to every part of the head; insomuch that no movement could be made in the room, even to the moving of a vial, if her back was toward it, but what she was sensible of and would notice and describe.

Bats are said to have this perception, which has been called the *sixth sense*. Dr. Pardon Bowen, of Providence, many years since informed me that the experiment had been tried, of digging the eyes of a bat entirely out, and then letting it fly in a room where

cords and lines were made to cross each other in every possible direction, and that it would fly clear of touching or coming in contact with a single one, or even hitting the walls or top of the room.

The transfer of the senses is not an affair entirely new, but being so extremely rare has not always been credited.

Dr. Rush, who seldom omitted to notice any fact, however strange, which threw a ray of light upon his profession, has noticed the case of a woman who lived near Lyons, who had a confusion of all the senses. She *tasted* with her *touch*, and *heard* with her *eyes* when her ears were closely stopped!

At one of my visits to Miss Hazard, I found her in rather a severe fit, lying on the bed, and witnessed her extraordinary tact, or diseased irritability, with respect to her blood relations, who had all become utterly obnoxious to her touch. At this time her intelligent musician thought, from her moving her feet, that she ought to be helped up to dance. At that instant one of her distant relations came in to see her; she was blind and speechless, and could not have known, by her natural senses, that any one had entered. This relative hearing what was said about her being helped up, attempted to assist her, but the effect of his touch was an instantaneous increase of her spasms and convulsions, so that I for a moment was apprehensive of her immediate death. He was at once peremptorily desired to desist. Not being her relation myself, I helped her on to her feet, the music struck up, and I stood by her for about an hour and a half, during which she continued dancing with such violent and exhausting energy, that she would have fallen several times had I not supported her; but after resting a minute, not more, she would resume, or rather her modified convulsions would resume, the exercise with all vigor and energy. As none of her relations could now assist her in her fits, her family were compelled to procure those not akin to take care of her. It was even said that the presence of her father in the room aggravated the violence of her paroxysms. But when out of the fits, all this aversion, all this morbid sensibility of telling colors by the touch, of hearing a whisper in another room, and of smelling less than a drop of essence of lemon through two beds on which she lay, vanished all at once, and she was pretty Nancy Hazard again, who finally got well and got married.

I have already remarked that the cases of Mrs. Cass and Jane C. Rider might be more marvellous than the one which I saw myself, and some further particulars in relation to their cases may here be appropriate.

Dr. Belden's patient, Jane C. Rider, was called the Springfield somnambulist, and was visited by clergymen and great numbers of people. When she came out of a fit, nothing done or said in it was at all recollected; but when another paroxysm came on, she remembered what was said and done in a preceding one. Dr.

Belden says, "Her natural disposition was mild and amiable; but in her paroxysms she was commonly peevish and irritable." She would repeat poetry in her fits which she did not remember a word of when out of them; her sleeping memory being better than her waking one. She could see equally well in the dark as in the light, and generally supposed it was day; as a proof of which, when it was bed-time, and she was reminded that it was time for her to retire, her reply was, "What! go to bed in the day-time!" Attempts made to arouse her from her somnambulism were uniformly unsuccessful; she heard, felt and saw, or at any rate discerned, but awoke not. A pailful of cold water was once thrown on her, when she exclaimed, "*Why do you wish to drown me?*" went to her chamber and exchanged her dress, came down again, but awoke not. She had a pain in her head and an extremely tender spot upon it. Dr. B. took her to his own house, and there were usually from ten to twenty visitors in her room.

But her extreme and surprising faculty of discerning, so as to read with her eyes closed and in a dark room, claims our physiological notice, study and investigation; for, thus situated, she read a great number of cards, some of which were so obscurely written that people with open eyes, and all alert, could scarcely make them out. "She told the date of coins, even when the figures were nearly obliterated," and threaded a needle for a lady who asked her, all with her eyes shut, and a handkerchief tied before them. And now, something like one hundred persons visited her in a day, and to "make assurance doubly sure," another handkerchief was tied below the former, without any diminution of her describing what others could scarcely discern. Yet afterward, to further test her *sixth sense*, that of feeling without contact, and seeing when blinded, a large black silk handkerchief was folded, and cotton batting so introduced as to be directly over her eyes, and to fill the cavity each side of her nose completely; various names were then written on cards, by most persons in the room, and presented to her, which she read as soon as presented. One gentleman present wrote his name in so small letters that no one could read them at the usual distance from the eye. "As soon as the paper was put into her hand she pronounced the name."

On one occasion, in a room made so dark that not a ray of light could penetrate, the fire was extinguished, and the lamps carried out. Two books were then presented to her, one of which it was known she had never seen before, yet "she immediately told the titles of both."

About this time she left Springfield, and was received into the Insane Hospital in Worcester, and we now come to what that acute and talented observer, Dr. Woodward, reports, viz.: Her pulse was 72 in a minute, soft and small; the extremities were cold, and at the commencement of the paroxysm the sleep was dis-



turbed by sobbing and groaning; the breathing was interrupted and anxious, and she was uneasy and in perpetual motion. She told time by a watch with her eyes closed. Her eyes were then covered with a thick cotton handkerchief, folded so as to make eight or ten thicknesses, and the spaces below the bandage filled with black velvet. A small volume was then put into her hand: "Jane began at the paragraph indicated, and read distinctly, audibly, and correctly, not, however, without a slight degree of hesitation at the most difficult words, nearly the whole page." A game of backgammon was then proposed, which she said she knew nothing about, but consented to learn it, and with a little assistance soon acquired a knowledge of its principles; and in another paroxysm in the afternoon of the same day in which she played at first, she won the sixth game of Dr. Butler, who is an experienced player; and all this was done when her eyes were closed and the bandage and velvet before them. The doctor says, "When she threw the dice, she called the numbers distinctly, and immediately made the moves without any hesitation." But most surprisingly curious! when she came out of the fit, and was asked to play backgammon, she replied that she never saw it played in her life, and was entirely ignorant of the game; and on trial, it was found that she could not even set the men.

After her extraordinary acuteness of vision ceased, which it did while she was in the hospital, she continued to rehearse passages of poetry and sing songs and hymns, all which she was unable to do in her lucid intervals.

An emetic, given while in the hospital, appears to have been the most beneficial of any medicine she took, and Dr. Woodward was inclined to refer the disorder considerably to the stomach, as improper food appeared to sometimes bring on, and at other times to aggravate, her paroxysms. The brain was, however, seemingly implicated, as evinced by tenderness of the scalp, headache, and the amazing sensibility of her perceptions, and was considered the proximate seat of difficulty, which exciting causes were prone to develope.

These cases, with that of Rachel Baker, and one which I have since noticed from the pen of A. B. Shipman, of Syracuse, N. Y., seem to prove that all the laws of mentality have not as yet been grasped; that the mind, in fact, has a duality of powers independent of each other.

Since the finest injections cannot be forced from the arteries into the veins, we must view anatomy and physiology as not fully developed by our great masters. The anatomical fact seems also to be in abeyance, why, in the dead subject, all the blood is found in the veins, and the arteries empty; which would seem to show that dying, in every form, is by bleeding to death—venous blood being as incapable of continuing life in the veins, as if spilt on the

ground. Thus the doors, both mental and anatomical, seem yet wide open to the physiologist.

I would in this place notice, relative to the strange-colored matter which was discharged from Nancy Hazard's hand, that a very respectable physician, resident in the same county in which she lived, informed me that he had a case of a man bitten in the heel by a spider, that an abscess formed in consequence, which he lanced, and that the matter discharged was green. A newspaper, if I mistake not, gave a similar account of a case which occurred in Georgia, some years past. And a case of death from the bite of a spider is found detailed in the Boston Medical and Surgical Journal of October 23d, 1844.

Somnambulism differs from sleep in the faculty of hearing, conversing, acting systematically, and travelling from place to place. Dreams in common sleep are remembered, but what happens in somnambulism is not.

The case of Rachel Baker occurred eleven years after the publication of Nancy Hazard's case. The late Samuel L. Mitchell, M.D., of New York, has given some interesting particulars respecting her preaching, exhorting and praying, in her fits of reverie or somnambulism, not a word of which she remembered when awake. It was remarked of Rachel, that she appeared to have two souls, her waking soul not remembering a single thing that her sleeping soul did or said, and *vice versa*.

In the case of Mrs. Cass, I omitted to say, that she at one time was entirely blind, which goes to prove that the visual rays which usually go from the brain to the eye had a transfer or metastasis to her other nerves; for when thus blind, and with her face turned away, she could still tell every person who came into her room, and any and every trivial thing that took place. She could also walk her room without coming in contact with the furniture or anything in her way. Her case is given at length by two respectable physicians, Drs. Bernard and Colby, the latter of whom mentions that this singular endowment, which I have called the *sixth sense*, is mentioned by Dr. Good. One of her physicians also says, that, "guided by her internal sensation, she directed means for her recovery." These means were cupping four times on her stomach, and the use of the warm bath, by which she ultimately recovered. Her sufferings were great, and one feature of them is worthy of notice; viz., that when entirely blind with her eyes, she was still so distressed at the approach of light, that her attendants were obliged to keep her room in darkness. This is another proof of the metastasis of the eyesight to other sets of nerves.

I shall conclude cases of this kind by a reference to one which exceeds them all, and is related by a clergyman (the Rev. Mr. Glover, of Liverpool), from his own examination.

Miss M'Evoy, the patient, became blind in the month of June,

1816. The cause of her blindness is imputed to dropsy of the brain, of which she was relieved, we are told, by the discharge of water from the ears and nostrils, which did not, however, relieve her of blindness. The October following she accidentally discovered that she could read by touching the page of a book printed with unraised letters; and when the Rev. Mr. G. visited her, he found this to be the case, and she thus read fine print to him; her age was about 17.

But he did not fail of testing her surprising powers in several modes; and to prove that her eyes had nothing to do in the matter, he had her blindfolded, and now he put her *finger-sight* to several tests. He first enclosed six wafers between two plates of common window-glass, and he tells us that when thus blind and blindfolded, on touching the glass, "she accurately told the color of each." She told him the time of day by feeling the crystal of a watch, and would describe passengers and things in the street by touching the panes of the window.

I thought, as did every one who heard of it, that the accident in blasting rocks, by which a young man at Cavendish, Vermont, had an iron bolt, three feet long and nearly an inch in diameter, driven quite through his brain, and who lived and afterward visited Boston, was, and would forever remain, quite unparalleled. But I have since seen one given by Dr. Macartney, quite its equal, which I shall give in his own words:—

"He had known," he said, "an instance where a pitchfork had been driven into the eye of a man, had pierced the brain, and fixed itself so firm at the top of his head, that it was obliged to be hammered out from the opposite bone; and the man's mental functions never were disturbed by it, and he recovered and lived for some time."

*Lebanon, Conn., April, 1857.*

#### MEMBRANOUS CROUP, WITH A CASE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Is croup amenable to the great law of periodicity? All writers upon the disease, with whom I am acquainted, admonish us to be on the watch for its recurrence at the end of twenty-four hours from its ingress. If this be true, are not anti-periodics clearly indicated in its treatment?

Nov. 20th, 1856, at half past ten, P.M., I was requested to visit immediately F. R. H., aged two years and eight months. I saw the patient in twenty minutes, and found him laboring under unequivocal symptoms of membranous croup. On inquiry, I found that he had shown symptoms of catarrh for twenty-four hours, and at ten o'clock awoke, with great difficulty of breathing and hoarse-



ness. On examination I found the fauces, tonsils and uvula thickly studded with the exudation characteristic of croup. The respiration was equally unmistakable, and could be heard over the whole house and out of doors.

*Treatment.*—R. Alum, gr. xij.; calomel, gr. vi.; ant. tart., gr. ij. M. Divide into powders No. vi., and give one every fifteen minutes. After three powders had been given without producing vomiting, and the severity of the disease augmenting, I directed double the amount of the same powder to be given. This was followed by free vomiting, which produced no effect upon the intensity of the disease. I repeated the same dose, and again free vomiting took place, which caused some abatement in the severity of the symptoms, though only lasting for a few minutes. The emetic was again repeated, which operated promptly, causing the ejection of considerable mucus, mixed with shreds of a tough substance, white and glistening—probably portions of false membrane. Vomiting was kept up as often as every fifteen minutes, the same substance continuing to be ejected by each act of vomiting, until about 2, A.M., of the 21st, when finding that notwithstanding free and oft-repeated vomiting had been perseveringly maintained for about three hours, no permanent control had been obtained over the disease; that the same hoarseness and stridulous breathing persisted; in fact, that the efforts which the little fellow made to breathe were painful to witness—I applied a solution of nitrate of silver, of the strength of fifteen grains to the ounce, freely to the throat by a sponge probang. This was followed by immediate relief, which was made permanent by the frequent repetition of the powder before given, in diminished doses, so that vomiting should occur once in from half an hour to an hour.

21st, 8, A.M.—Patient comparatively comfortable. Some hoarseness; breathing easy. R. Quiniæ sulph., gr. i.; sacch. lactis, gr. vi. M. Divide into six powders; give one every hour.

5, P.M.—After a quiet sleep, the patient awoke, complaining of great hoarseness and soreness of the throat, with a copious discharge of viscid saliva, accompanied by slight difficulty of breathing. Repeat the application of sol. nit. argent. R. Sanguinarin, gr. i.; sacch. lactis, gr. xii. M. Divide into twelve powders. Give one every hour. 9, P.M.—The last prescription acted as an emetic. Respiration easy, though there is slight febrile action. Diminish the sanguinarin to one half the former dose, and give one powder once in four hours, alternating with tincture of gelseminum, gtt. v. 11, P.M.—Patient sleeping gently.

22d, 8, A.M.—Patient has had a comfortable night. Some appetite, with great thirst; skin rather dry; coughs occasionally. Continue treatment of the evening, and add Quiniæ sulph., gr. ss.; sacch. lactis, gr. vi. M. Divide into two powders. Give

one at 10, A.M., and the other at 4, P.M. 8, P.M.—Cough has increased, apparently from irritation of the throat. R. McMunn's elixir of opium, gtt. x.; solution of emetin, one sixteenth of a grain. In the course of an hour this quieted the cough.

23d.—Has passed a good night; is up; has a good appetite; slight cough, with catarrh, which continued for a few days, and which was treated by solution of emetin, repeated according to indications, with an anodyne at night, and an occasional alternative of podophyllin. At the end of a week the child was well.

Jan. 9th, 1857, the same child had a similar attack, and again, March 5th, which both yielded to the same treatment without the application of nitrate of silver. The combination used as an emetic in this case has none of the prostrating effects of tartrate of antimony when used alone, or if it has, is effectually and immediately relieved by the timely use of sulphate of quinine.

*Morris, Otsego Co., N. Y.*

WM. R. BATES.

#### ARM PRESENTATION AND EVISCERATION OF THE FŒTUS TO EFFECT DELIVERY.

BY C. P. ALLEN, M.D., SMITHFIELD, BRADFORD CO., PA.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS called on the 16th of last November, to attend Mrs. D. in her second confinement. She was 21 years of age; a native of Germany. I was informed that she was taken with labor pains about eleven o'clock, the night before, and had had severe pains up to six o'clock that morning, when the membranes gave way, and a large amount of liquor amnii escaped. After that, she had no regular pains up to the time I saw her, which was about 12 o'clock, M., six hours after the water was discharged. I found a German midwife in attendance; she did not know the necessity of immediate action after the water had been discharged, in a case like this. On making an examination, I found the mouth of the uterus completely dilated, and the left arm presenting, with the umbilical cord in the vagina, and which was pulseless. The child lay transversely, with its back forming a right angle with its mother's. The uterus was firmly contracted upon its contents. There were some slight pains, but none that seemed to have any effect to lower the child in the pelvis. The only question with me was whether I should eviscerate and remove with the crotchet, or attempt to turn and deliver by the feet. Her strength was pretty good, and other things seemed favorable, so I was induced to try version. The bowels and bladder had been evacuated a short time before. I passed my hand into the vagina and found the uterus still very firmly contracted upon its contents. The contraction was so great that I could not pass my hand high enough to reach the feet. My only

resort, therefore, was evisceration. She took three grains of opium and rested one hour. I commenced the operation by removing the presenting arm at the shoulder; next, I opened the abdomen and removed the viscera from it and the chest. I then fastened the crotchet to the spine and drew it down so as to enable me to reach one of the legs, which was soon brought into the vagina. After the feet and body were brought down, a pain came on, and the head was removed with very little trouble. The uterus contracted naturally, and in fifteen minutes I removed the placenta. She soon dropped into a refreshing sleep and slept two hours, after which her clothes were changed. Her recovery was as rapid as if nothing unusual had occurred.

I am aware that most authors recommend, in such cases, blood-letting, tartar emetic, &c., in order to relax the uterus sufficiently to enable the accoucheur to turn the fœtus. I speak of this practice only to condemn it, excepting in cases where the child is alive. Then such measures may be resorted to. But what is better, in my opinion, is the administration of ether. It relaxes the muscular system with more certainty than the means above mentioned. The patient is saved the severe pain of the operation, and the shock to the nervous system is far less severe. But if there is unmistakable evidence that the child is dead, evisceration may be employed with less danger than either of the other modes of practice.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

MAY 11th.—*Extensive Ulceration of the Colon, attended by comparatively slight Constitutional Symptoms, and terminating in Perforation at several distinct points.* Case reported by Dr. ELLIS.

The specimen was taken from a farmer, 27 years of age. Several years before his death he had quite a severe attack of diarrhœa, from which, however, he entirely recovered. Returning from California in the spring of 1856, he was attacked, in September, with looseness of the bowels, the dejections containing a little blood; but there was no fever and none of the constitutional symptoms which usually accompany acute disease. Indeed, so little was he inconvenienced by the disorder, that he continued to work as usual upon the farm for several weeks. At the end of this time, however, wishing for medical advice, he consulted an Indian physician, but deriving no benefit from his prescriptions, he became the victim of a female spiritualist, who, after "looking into him," prescribed with no better result than her predecessor. Finally, some weeks before his death, he consulted Dr. JAMES JACKSON, who ascertained that the dejections were numerous, and occasionally fecal, but also very bloody, with more or less pus and mucus. There was



much tenesmus, and very severe pain near the anus and in the lower part of the abdomen, the last of a spasmodic character. The appetite was generally good. Forty-eight hours before his death, which took place on May 7th, he was able to rise from his bed, although confined to it during the greater part of the time for many weeks. Though the constitutional symptoms gave evidence of great disease when Dr. J. saw him, there was not the marasmus which might have been expected from so severe an affection, of more than seven months' duration.

At the examination there was found in the *cæcum* quite a large accumulation of soft, yellow fecal matter, of which the lower part of the *small intestine* also contained a little. In the upper seven feet of the *colon* the mucous membrane was, for the most part, entire, though reddened. Below, it had, in many portions, mostly disappeared, the small, slate-colored, thickened remnants rising like fungous elevations above the pale, clearly-dissected muscular coat. Some parts, though but little if at all thickened, were of the same dark slate-color. The ulcers were mostly irregular, but, at some distance above the anus, ran in the direction of the long axis of the intestine, and the few fragments of the mucous membrane remaining above had a linear arrangement. The ulcers just within the anus were large and deep, though the destruction of the mucous membrane of the *rectum* was by no means as extensive as in the parts between it and the *cæcum*. Though perhaps somewhat thickened, the muscular coat was very easily torn. The *peritoneum* had undergone no change.

The *lungs* were œdematous. The *gall-bladder* contained but little bile. The other organs were all examined and found healthy.

The extent of the ulceration in this case would alone render it interesting, but it becomes much more so when we consider how comparatively slight was the constitutional disturbance, particularly for some time after the commencement of the disease. A still more remarkable case of the kind was reported to the Society on Nov. 12th, 1855, and two others, resembling it in many points, were read by the writer in 1854, before the Boston Society for Medical Observation.

The first of these occurred at the Massachusetts General Hospital. The patient was an English mechanic, 27 years of age, who had always enjoyed good health until the spring of 1852, when he was attacked with pain in the lumbar region and lower extremities, which lasted, however, but a few days. He had several similar attacks before entering the Hospital on August 24th. He then complained of considerable pain below a line drawn around the body, through the umbilicus. The bowels were reported as regular, but it was afterward ascertained that, for several years, he had been subject to occasional bloody discharges. Wine of colchicum was administered, and the tincture of aconite applied externally. Under this treatment, the pain diminished until September 3d, ten days after entrance, when the bowels became "irritable," and the colchicum was omitted. On the following day no complaint was made, but, three days after, the looseness returned, and from that time until death, notwithstanding the use of various astringents, &c., he had much tenesmus, and from three to eight dejections daily, often, but not always bloody, and toward the close, liquid, bilious and offensive. Pain was at no time a marked symptom, and was often reported as absent. Neither was

there much tenderness on pressure, though it was noticed a number of times in the left iliac region, and, a few days before death, became so marked in the hypogastrium that a blister was applied. Ten days after the commencement of the attack he was able to walk, but the strength afterward failed; the pulse rose from 76 to 140; the tongue became dry; aphthæ formed in the mouth, and he died on Oct. 10th.

At the examination, which was made twenty-four hours after death, there was found some injection of the mucous membrane of the lower part of the *small intestine*, which was in other respects normal. During the removal of the large intestine, the sigmoid flexure was ruptured, although but slight traction was made upon the part; but it was stated by the house officer, who made the examination, that fecal matter was seen in the *peritoneal cavity*, when it was first opened, and it is probable that perforation had taken place before death. The mucous membrane of one half of the circumference of the *cæcum* was of a vivid red color. A foot below it had entirely disappeared, being cut off, as it were, transversely by the ulcerative process, the limits of the part remaining being marked by a loose, swollen margin, which could be folded back from the muscular coat below. The latter, perhaps for a foot, appeared as if clearly dissected, a few small islands only of mucous membrane hanging from it in the form of loose shreds. The mucous membrane, in the remainder of the tract, was much swollen, and of a dark-red or slate color. A great part had, however, disappeared, leaving the muscular coat in the same condition as that previously described.

The second case was that of a woman, aged 39, who had not enjoyed good health for seven years previous to her death, having had, as was thought, several slight paralytic shocks.

When first seen by her physician on Sept. 15th, 1853, she complained of piles, obstinate constipation, dyspepsia and debility; was very languid; and, from the peculiar lemon-color of her complexion, malignant disease was suspected. With attention to diet and the use of laxatives, she became much more comfortable, and continued so until Dec. 15th, when she was attacked with diarrhœa, the dejections being generally liquid and bilious, though occasionally containing colorless mucus. At times, some tenesmus. With these symptoms she was confined to her bed until Feb. 13th, when she was seized with great pain in the abdomen, followed by excessive prostration. Though temporarily relieved by the administration of opiates and brandy, she sank and died on the 17th.

The examination was made eight or nine hours after death.

The *peritoneal cavity* contained from two and a half to three pints of offensive purulent fluid, in which many yellow flakes were floating. The *peritoneum* in many parts, particularly in the vicinity of the *cæcum* and sigmoid flexure, was unusually vascular. The *liver*, *spleen* and other organs were coated with thick pus. The *omentum* was of a dark-red color, particularly along the lower edge, from which the discoloration extended upward nearly to the arch of the colon. The *small intestine* contained a lumbricus and a considerable quantity of thin yellow matter. The upper part was much distended, while the lower two feet were much contracted. The *large intestine* was inflamed externally, particularly in the vicinity of the *cæcum* and sigmoid flexure. It contained quite firm, moulded, dark slate-colored feces, none

of which were noticed in the peritoneal cavity. The mucous membrane throughout, with the exception of the lower nine inches, was most extensively ulcerated. The ulcers, which in the cœcum were not more than two lines in diameter, gradually increased in size, until a point was reached about twenty inches above the anus, where the mucous membrane had nearly disappeared from a surface perhaps a foot in length, one or two isolated bands or islands alone remaining. The margins of those portions which had escaped were undermined, but there was no unusual vascularity and no discoloration, except a very slight slate color at one part, where the disease was most extensive. At most points the ulceration had extended no deeper than the muscular coat; but, in the centre of a large ulcer measuring nearly two inches across, and about two feet from the cœcum, was an opening two or three lines in diameter, communicating freely with the peritoneal cavity. Still lower down, at the point where the most extensive ulceration had taken place, were three or four other openings, the largest of them six lines in diameter. None of these perforations were sharply cut, and no better idea of their character can be given than by stating that they appeared to be the result of softening and dissolution of the tissues rather than of a gradual ulcerative process.

The *liver* was of the usual size, of a light-yellow color, fatty, very flaccid and easily torn. The *gall-bladder* was of small size, and contained a little dark bile.

Nothing was found in the other organs worthy of notice.

Owing to the deficiency of details in these cases, no accurate analysis of them can be made; and it is not for this purpose that they are reported. They are brought forward as illustrations of extensive structural disease, attended by comparatively slight constitutional symptoms, and terminating, in two instances, in perforation at several distinct points.

In the first case, the patient for some time labored, as usual, upon the farm, and, 48 hours before his death, was able to leave his bed. In the second, the absence of severe symptoms is still more striking. In the third, the patient was reported as walking about ten days after the commencement of the attack; the pulse was not at first quickened; and though the discharges were often bloody, pain was generally absent or very slight, until a short time before death. In the fourth, the record is, unfortunately, very brief; but the dejections are described as liquid and bilious, with occasionally some mucus, characters which certainly would not lead us to infer that extensive destruction of the mucous membrane was going on.

The second point to which attention has been called, was the termination in perforation; not at one, but at several points. In ordinary cases, where this accident occurs, the tissues forming the base of a single ulcer are gradually destroyed until the peritoneal cavity is reached. But we can hardly suppose, that, by the usual ulcerative process, a number of distinct points, at some distance from each other, should be so uniformly acted on, that perforation should take place in them all at the same moment. Moreover, it was not the number alone, but the character of the openings, that was peculiar; they appeared to be the result of the action of some agent possessed of a solvent power.

We seem justified, therefore, in assuming that there is a form of in-



testinal disease, which, without violent or very strongly-marked symptoms, is attended by the most extensive destruction of the mucous membrane, and may terminate by perforation at several distinct points.

If such cases have been previously noticed, the description of them is not such as to render sufficiently prominent the important points here insisted upon.

MAY 11th.—*Hermaphroditism.*

Dr. J. MASON WARREN said, that by the politeness of Dr. Morris, surgeon and physician to the State Prison, Charlestown, he had had an opportunity of seeing a remarkable instance of the apparent mixture of the two sexes, of which the following is a description. Dr. W. also showed an excellent drawing of the individual made by Dr. Sargent, who accompanied him. In this case the male organs seemed to be implanted on the female body.

The subject of this very uncommon deviation from nature, was 25 years of age, born in Maine, of healthy parents. He was by occupation a sailor; and the appearances to be described, were only discovered on his being brought to the Prison, when, on being undressed, to put on the prison clothes, he was thought, from the large size of the breasts, to be a female in disguise, and was therefore transferred to the surgeon for examination. On the visit of Dr. W. to his cell, he seemed to have no objection to having an examination made, when it was explained to him that it was for a scientific object.

Beginning with the face, the features are soft, and the expression mild; there is no beard. The neck is of medium size and length, but rising toward the back, as in the female. The shoulders are sloping, round and smooth, the muscles not being prominent. The upper extremities are delicate, and the hands small. The breasts, which are the most striking feature in this person, are large, well developed even for a female, quite handsomely formed, with large blue veins running over them, as in a nursing woman; the nipples being large, with a large, dark areola. The abdomen is quite prominent; the navel deep; the hips very broad, as in the female. There is a small penis. The scrotum and testicles are very small, the size of the latter being that of a bean. The legs are short, the middle of the body being by measurement half way between the umbilicus and pelvis, instead of being, as in the male, at the pubic region. The voice is masculine; the sexual propensities normal.

The interesting and remarkable feature of this case is the fact of the small male organs of generation implanted on a body almost entirely female. Cases constantly present themselves to the observation of medical men, of malformed genital organs, having the appearance of a combination of the male and female. Also of men with a large mammary organ. In this case there can be said to be no malformation.

MAY 11th.—*Calcareous Concretions from the Scrotum.* Dr. ELLIS showed a number of round or oval bodies, from two to six lines in diameter, taken from the sub-cutaneous cellular tissue of the scrotum. These, at the time of their removal, closely resembled firm, white pith, but, after drying, became hard, as if mostly composed of calcareous matter.

On analysis by Dr. BACON, they were found to consist of "phosphate and carbonate of lime, with considerable organic matter."

## Bibliographical Notices.

---

*Fractures of the Neck of the Thigh-Bone.* By R. D. MUSSEY, M.D., Professor of Surgery in the Miami Medical College at Cincinnati, Ohio. With nineteen Wood-cuts. Extracted from the American Journal of the Medical Sciences for April, 1857. Pp. 15.

THIS is a very interesting paper, and one which is of great value, coming as it does from such authority, and drawn up with so much care. There are nineteen engravings, representing fracture of the cervix femoris in different forms. One or two of these are exceedingly rare; thus, the one represented on page 8 (Figs. 14 and 15) is "justly regarded as quite remarkable, its like not being known to have a place in any museum." This was shown to the Boston Society for Medical Improvement, by Dr. J. B. S. Jackson, last autumn.

The fact of bony union taking place in *intra-capsular* fracture of the femoral neck, is clearly established. Another fact of importance is demonstrated by the specimen described at page 6 (Case IV., Fig. 9), viz., that fibrous union in this sort of fracture may be so strong as to be "amply sufficient to sustain the weight of the body." Case V., Fig. 10, shows ligamentous union "sufficient for the ordinary purposes of locomotion."

On page 11, Dr. Mussey remarks, "It cannot be doubted that fracture of the neck of the thigh-bone sometimes occurs in which bony union takes place without the fragments ever having been entirely separated." The instances of impacted fracture, where the splintered portions are driven into each other, offer the most evident conditions for "preventing displacement and promoting bony consolidation."

There are some interesting observations upon the throwing out of *callus*. Thus, on page 13, the writer says, "The processes instituted by nature for the reparation of fracture are not without interest. When a fracture takes place in a situation where the broken surfaces are left in undisturbed contact, bony union forms without the deposit of callus. Fracture of the bones of the cranium is an example. When the fragments are subjected to a good deal of motion, there is deposit of bone-forming callus. Fractures of the limbs of the lower animals, that get well without the interference of surgery, show a large amount of callus. In situations where callus would essentially interfere with the ordinary function of a part, as in *intra-capsular* fracture of the neck of the thigh-bone, we find no callus deposited, but if the fragments can be maintained in quiet apposition—whether by the cervical ligament, the mutual implantation or impaction of the broken surfaces, or by mechanical appliances—the injury is repaired by bony consolidation; whereas, when there is free motion of the fragments upon each other, reparation, if it takes place at all, is brought about by fibrous or ligamentous connection."

With respect to the management of *intra-capsular* fracture, Dr. Mussey tells us that, "could we learn the precise position of the parts in the injury, we might, in some instances, leave the case without the application of splints, cases having repeatedly occurred in which the fragments were held in place till osseous union was accomplished. In healthy subjects, if the shortening be but little, the pre-

sumption is that nature can do the work, if the patient can be kept at rest; but so many instances have occurred in which, after several days, a great degree of shortening has suddenly taken place, that it may be well to apply some form of extending splint for at least a few weeks."

The method adopted by our author for ascertaining the comparative length of the lower limbs, in cases of fracture, is well worthy of the surgeon's attention. "In fractures of the lower limbs, in order to ascertain their comparative length, I have for several years been in the habit of placing the patient on his back with the limbs extended, upon a level surface at least as firm as a mattress, and having a line extending from the middle of the upper part of the sternum, over the symphysis pubis and downward below the feet, held straight by assistants, to represent the median line of the body, while the two internal malleoli of the tibia are brought in contact with this line. In this way, a very small difference in the length of the limbs, certainly less than the one fourth of an inch, can be ascertained. The measurements between the anterior superior spinous process of the ilium and patella are liable to inaccuracy, from the difficulty in having both thighs flexed precisely at the same angle, and under the same degree of adduction."

We are glad of an opportunity to call attention, even thus imperfectly, to this valuable production. The writer's reputation is everywhere so well known, and his teachings so truly appreciated, that his name alone, appended to an article, will ensure its thorough perusal. We trust that the unabated activity of his mind, and the unflagging interest he manifests in advancing the interests of medical science, may long have equally important opportunities of contributing to our stock of knowledge.

The excellence of the engravings commands our admiration; they perfectly exhibit the various lesions of the bone described.

---

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

BOSTON, JUNE 18, 1857.

---

### BOSTON SOCIETY OF NATURAL HISTORY—DEPARTMENT OF MICROSCOPY.

WE learn with great satisfaction of a movement, destined, as we believe, to be eminently successful, to establish a microscopic section or "department" in our Society of Natural History. For some time there has seemed to be a necessity, almost, for some such arrangement; and as our most skilful microscopists are members of the above Society, the course resolved upon is undoubtedly the wisest, as also it will prove the least expensive. To have formed another society would undoubtedly have required the leasing and furnishing another room, and the liquidation of subsequent expenses. Under the proposed plan, this division of the main body of natural historians has the advantage of a library and cabinet, at once, together with the very valuable collection of books and specimens of the late Prof. Bailey. Thus, operations can be begun without hindrance or delay.

It is proposed that committees be formed, to which, severally, their



appropriate subjects will be exclusively referred; and specimens relating to these subjects will be consigned to them for examination and report. In this way a vast advantage will be gained. Those members of the Natural History Society who are interested in microscopy, but who have not time to devote to its study (as, for instance, many physicians actively engaged in practice, and who, perhaps, could easily give an hour to this subject), can come to the meetings at 9 o'clock in the evening on the first Wednesday of each month. This hour is appointed for the examination of specimens of whatever nature, or for their reference to the committees to which they belong. Whatever of interest is on exhibition at these times, can be seen, and the explanations heard without loss of time. We think this will prove most gratifying and instructive, and that it will supply a decided want now felt amongst us.

It is proposed, as will be seen by the resolutions, that the Department appoint sub-committees upon Anatomy, Pathology, Botany, Chemistry, Mineralogy, Geology, &c., to whom shall be referred specimens and papers. If gentlemen experienced in these specialties are placed at the head of each of these sub-committees, their reports will be made with an authority which will at once decide the questions proposed—constituting, as it were, a tribunal for scientific adjudication. Our assertion will be unhesitatingly endorsed when we refer to certain individuals whose names naturally occur to us as those most suitable for chairmen of the sub-committees. Thus the Anatomical section is peculiarly appropriate to Dr. Jeffries Wyman; that of Pathology would be well supervised by Dr. Shaw; Dr. Bacon should be installed over the Chemical division; Botany would be well entrusted to Mr. Charles J. Sprague; and Mineralogy and Geology to Dr. A. A. Hayes, with their aids. There are plenty of competent men to fill the Committees, and the whole plan has our cordial wishes for its success—of which, with such material, there can be no doubt.

We append a copy of the preamble and resolutions offered at the first meeting of the Society this month:

“The Committee, to whom was referred the matter of establishing a new department for the investigation of microscopic nature, beg leave to offer as a report, the following preamble and resolutions:

“Whereas, the recent acquisition of the invaluable cabinet and library of the late Prof. Bailey has awakened the Society to the necessity of giving a new impetus to the progress of microscopic science; to the great usefulness which a special department for the development, record and publication of observations on the minute structure of organic and inorganic bodies would possess:

*Resolved*, That this Society do hereby establish a department for microscopic investigation, to be known as the DEPARTMENT OF MICROSCOPY, to consist of members of the Society specially interested in microscopic studies, who may desire to join it. No individuals who are not members of this Society shall be members of this department.

*Resolved*, That a Curator of this department shall be chosen yearly, at the annual meeting, whose duty it shall be to take charge of all specimens and preparations belonging to the department, and to preside at its meetings.\* The department may appoint sub-committees

\* It is understood that the Society's room is to be at the disposal of the Department on the alternate Wednesday evenings; and on others, should they desire to hold meetings.

upon the different branches of the science, to whom shall be referred specimens for examination and report. The Recording Secretary of the Society shall be, *ex officio*, Secretary of this department.

"*Resolved*, That at the first regular meeting of the Society in each month, at the hour of nine o'clock, the presiding officer shall call for microscopic reports, papers, remarks or exhibitions, in the order here named, and such reports, papers, remarks and exhibitions shall be in order during the continuance of the meeting: provided, that no business matter properly belonging to the Annual Meeting of the Society shall, on the said regular or adjourned Annual Meetings, be thus superseded.

"*Resolved*, That this Department shall have the use of the Library Room of the Society for its meetings when desired.

"*Resolved*, That the proceedings of this Department shall be published in the Journal and Proceedings of the Society, subject to the decision of the Publishing Committee of the Society.

"A Committee, appointed to nominate a candidate for the office of Curator, reported the name of Dr. Silas Durkee, and he was accordingly chosen Curator of the Department of Microscopy."

The Report was adopted, Prof. Rogers presiding.

The above preamble and resolutions, we learn, were drawn up by Dr. Shaw, to whom, in conjunction with Dr. C. T. Jackson and Dr. Durkee, the project long since suggested itself. Dr. S. has kept it in view and finally matured it, very creditably to himself, and most opportunely for the Society.

#### MASS. MEDICAL BENEVOLENT SOCIETY.

WE would call the attention of the profession in this State to this admirable Society. Dr. William E. Coale, of Boston, the Treasurer, would be very glad to receive the assessments of members, and will forward receipts to those who pay. It is an object for the Society to get the money as soon as possible, as it is immediately deposited on interest. Those who wish to become members should send in their applications for membership early, in order that they may be brought before the Society at the annual meeting.

#### MAINE MEDICAL ASSOCIATION.

WE gladly insert the following notice of the proceedings of this Association, and look confidently for a valuable addition to our medical periodicals in the new journal which has been "voted" into existence by the Association.

"The Annual Meeting of this Association was recently held at Lewiston. The following gentlemen were unanimously chosen officers for the ensuing year:—

"Gilman Davis, Portland, *President*; Wm. Kilbourne, Auburn, J. A. Holmes, Calais, *Vice Presidents*; J. D. Lincoln, Brunswick, *Treasurer*; A. H. Burbank, Yarmouth, *Recording Secretary*; J. C. Weston, Bangor, *Corresponding Secretary*; H. H. Hill, B. Porter, J. Carr, T. Fry, H. L. K. Wiggings, I. Putnam, S. L. Estabrook, C. Briggs, A. T. Page, *Standing Committee*; Drs. H. H. Hill, H. Monroe, C. Sewall, J. T. Gilman, Wm. Kilbourne, J. C. Bradbury, *Censors*.

"Subsequently an able address was delivered by Dr. Garcelon, of Lewiston. A committee was then appointed to take into considera-

tion the expediency of establishing a Medical Journal in this State. The committee subsequently reported favorably to the project, and the Association thereupon voted to establish a journal in the largest city in the State."

We learn from a valued correspondent that much important business was transacted by the Association during a session of two days' duration, and also that its next annual meeting will be held at Portland.

#### PRIZES OF THE BOYLSTON MEDICAL SOCIETY.

MESSRS. EDITORS,—At a meeting of the "Boylston Medical Society of Harvard University," held May 12th, the President read the report of the Committee on Prize Dissertations, which declared a prize of *fifty dollars* to the author of the essay on "Poisons and their detection," by "Æsculapius," and a second of *twenty dollars* to the author of the paper on "Diabetes and its Treatment," signed "Alpha." On breaking the seals of the envelopes accompanying the successful dissertations, Mr. John Green, of Worcester, Mass., was found to be the author of the one signed *Æsculapius*; and Mr. John T. G. Nichols, of Standish, Me., the author of that signed *Alpha*.

The Prize Committee expressed the opinion "that the essay on Poisons, if published, would afford a comprehensive, concise and very useful manual to be in the hands of every practitioner of medicine."

In accordance with this opinion, the Society voted to request Mr. Green to publish his successful essay at his earliest convenience.

Yours respectfully,

B. JOY JEFFRIES,

Boston, May 18th, 1857.

Secretary Boylston Medical Society.

#### APPARATUS FOR FRACTURED CLAVICLE.

MESSRS. EDITORS,—I notice in your Journal for June 4th, an article by Dr. Weedon, describing an apparatus constructed by him to obviate deformity from fractured clavicle. The same apparatus, however, has been in use some years, and is sold in New York under the name of "Bush's clavicular apparatus," being the invention of an English naval surgeon. Dr. W. has improved the original apparatus in making the splints extensible for adaptation to persons of different heights.

Buffalo, June 12th, 1857.

C. A. W.

McGill College, Canada.—Fourteen graduates in medicine received the degree of M.D. at this College, at the annual examination in May last.

*Books and Pamphlets received.*—Indigenous Races of the Earth; or New Chapters of Ethnological Inquiry, &c. &c. (From Lippincott & Co.)—Twenty-third Annual Report of the Officers of the Retreat for the Insane at Hartford, Conn. April, 1857.—How to Behave. A Pocket Manual of Republican Etiquette, &c. &c. (From Fowler & Wells, New York.)

MARRIED,—In this city, June 21, William Dickinson, M.D., to Evelina Crane.

DIED,—In New York, Dr. ——— Vache, aged 58.—In Sacramento City, Cal., April 21st, 1857, of typhoid fever, James Seneca Hill, aged 32, late assistant physician at the State Almshouse, Tewksbury, Mass.

*Deaths in Boston* for the week ending Saturday noon, June 13th, 59. Males 30—Females, 29.—Accident, 1—apoplexy, 1—inflammation of the bowels, 3—inflammation of the brain, 2—disease of the brain, 2—cancer in the face, 1—consumption, 12—convulsions, 3—croup, 4—dropsy, 3—dropsy in the head, 2—debility, 2—infantile diseases, 4—erysipelas, 1—scarlet fever, 3—inflammation of the lungs, 4—disease of the liver, 1—old age, 2—palsy, 1—suicide, 1—teething, 3—inflammation of the uterus, 1—unknown, 2.

Under 5 years, 24—between 5 and 20 years, 4—between 20 and 40 years, 10—between 40 and 60 years, 7—above 60 years, 9. Born in the United States, 43—Ireland, 13—other places, 3.



*Transposition of the Thoracic and Abdominal Viscera.*—Dr. Andrew Foster, of Terre Coupee, Indiana, reports in the *North-Western Medical and Surgical Journal*, one of these rare cases of transposition of the viscera. The patient was a short young man, 21 years of age, heavy-set, strong, active and muscular, with very short neck, and capacious chest. Up to his thirteenth year he had been remarkably strong, active and healthy; but about that age he began to have "fits." Latterly they had become less frequent, he having had but two in the last two years, the last one being about the commencement of the last sickness. He died, after an illness of a few days, of pulmonary congestion. The heart was observed to beat at a point between the fifth and sixth ribs of the right side. At the autopsy, it was found that all the thoracic and abdominal viscera were completely transformed from right to left, and *vice versa*. The right kidney occupied the pelvis, lying along the right side of the sacrum, its lower end reaching to the coccyx. The [right] supra-renal capsule was on a level with the promontory of the sacrum.

*The late Medical Meeting at Nashville.*—The senior editor of the *Atlanta* (Geo.) *Medical and Surgical Journal*, who attended the meeting of the American Medical Association at Nashville, Tenn., in May, thus speaks in his *Journal* of the reception given to the delegates:—

"We should be ungrateful indeed, and utterly dead to all the more honorable and elevated emotions, if we failed to be responsive to the generous, and we may say magnificent entertainment of the members of the Association by the "City of Rocks." Upon the whole, we have returned to our homes, fully convinced that the people of Tennessee are a noble and generous-hearted race, and do everything upon a large scale; and we doubt exceedingly whether there is a place in the Union, where a more elegant and profuse hospitality can be found than in the city of Nashville. It would appear that the science of medicine must be more highly appreciated than we usually find it elsewhere, as the citizens generally seemed to vie with the medical men of the city, in bestowing distinguished attention upon the Association."

*Atlanta Medical College.*—The session of this College for the present year opened on the first Monday in May, with an introductory lecture by Prof. J. Boring. The subject chosen by the Doctor was "The Use and Abuse of Tobacco," and the address is published in full in the June number of the *Atlanta Medical Journal*. Much research is exhibited, and the article, out of its proper place in the *Materia Medica*, is treated of as only injurious.

*Medical College of Georgia.*—Dr. G. M. Newton has resigned the chair of Professor of Anatomy in the Medical College of Georgia, and Dr. Henry F. Campbell, formerly Professor of Surgical, Comparative and Microscopical Anatomy, has been appointed in his place. The professorship formerly held by Dr. Campbell has been abolished, and the title of the professorship of Anatomy is now changed to "Anatomy, Special and Comparative."

*Galena Medical Society.*—The physicians of Galena, Illinois, have formed themselves into an association, have framed a constitution and by-laws, adopted the National Code of Ethics, and chosen their officers. Dr. H. Newhall is *President*, Dr. J. S. Crawford *Vice President*, Dr. W. S. Barker *Secretary*, and Dr. E. D. Kitcoe *Treasurer*.

*The Measles of the Pig.*—A work on this subject, "and on the unwholesomeness, as food for man, of measly pork," by Alexander Fleming, M.D., Prof. of *Materia Medica* in Queen's University, Ireland, has lately been published in Dublin. The *Medical Chronicle*, of Montreal, Canada, has a review of the book, and the following is its concluding paragraph.

"When pork that is but 'slightly measled' is properly cured, or even thoroughly cooked, our author believes there is not the slightest danger to be apprehended from its ingestion; he sees no valid reason for regarding 'slightly measled' pork as unwholesome; but it must be well cooked, and never eaten raw or underdone. We must confess, however, that no amount of curing or cooking would enable us to eat with satisfaction what we knew to be diseased pork, even though it were but very slightly measled."

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. LVI.

THURSDAY, JUNE 25, 1857.

No. 21.

---

EJECTION OF NUMEROUS LUMBRICI FROM THE MOUTH—IMPAC-  
TION OF THE SMALL INTESTINE WITH LUMBRICI, &c.

[Read before the Boston Society for Medical Improvement, June 8th, 1857, and communicated to the Boston Medical and Surgical Journal.]

BY WM. W. MORLAND, M.D.

THE following cases furnish certain facts relative to the *Ascaris Lumbricoides*, its presence in the intestines in unusual numbers, without corresponding symptoms; its modes of exit and some of its habits.

On the 14th of January, 1857, I visited a female child, 4 years old, and found her very completely covered with the rash of scarlet fever; there could not be a fuller eruption, nor a color more perfectly scarlet; the tongue presented a remarkably fine specimen of the "strawberry tongue." For a week, the little patient was quite ill, yet no very alarming symptoms were present. The most unpleasant ones were rather marked somnolence—for one or two days amounting nearly to stupor—and mild delirium at night. Diarrhœa was troublesome for a day or two—although, at first, a laxative was required. The throat was but slightly sore, and was never complained of. Spirit of nitrous ether was given occasionally, the skin was sponged with tepid water, and one day, when the diarrhœa seemed excessive, a little paregoric was directed, two or three doses answering every purpose. The case did well after the lapse of a week; the child, however, became very deaf, and even yet has not recovered her hearing fully. Although feeble for some weeks, she is now quite well and has gained flesh and color.

The case is mentioned chiefly for the purpose of recording an occurrence which is somewhat unusual, viz., the ejection of numerous lumbrici from the mouth. It is well known that, occasionally, one or two of these parasites will make their exit from the body in this way, although it is far more common for them to pass off otherwise, or to lie for a long period in the bowels, and sometimes in large numbers.

Within five days, the above patient ejected 16 lumbrici from the mouth, and some days subsequently, 3 more were passed *per anum*. At the time of voiding them from the mouth, a slight cough occurred, with an effort, sometimes a difficult one, to throw off something—and which was followed by the discharge of one or two lumbrici—never more than two at once. They were all alive when ejected, and most of them of, or above, the average size. All but three of them were, in circumference, of the size of a quill or a pipe-stem; and the longest was stated by the mother to be at least one quarter of a yard long. The worms appeared first, two or three days before my attendance—although, previously, whilst living on Prince Edward's Island, whence the family lately emigrated to this city, she had passed some *per anum*. On noticing them again, here, the mother sent to a druggist's shop for "worm powders," and a grayish powder, according to her, was given, which probably was calomel. Two or three worms were "vomited" (to use the mother's expression) before the powders were given, and it was not until three or four days after their administration, that the parasites began to be so regularly and abundantly emitted from the mouth. For eight days the child took little or nothing but liquids; and the supposition of the mother that its "empty stomach," and starvation of the parasites had more influence than the powders, has no little plausibility. Her words were that the discharge of worms "was not altogether from the effect of the powders, but they (the worms) merely crept out of her on account of her empty stomach."

I do not remember to have seen any account of *so many* lumbrici coming *from the mouth* in *so short a time*; although the fact of their egress, alive, and their remaining so for an extraordinary time, has long since been noted. Thus, Heberden (*Commentaries on the History and Cure of Diseases*) says, "the round worms will come up alive into the mouth, and I have known them to live two or three days after they were come out." (*Op. cit.*, p. 234.) Again, he remarks, "the round worms and ascarides would sometimes hardly be suspected, if they were not discovered by the itching of the fundament, or did not appear among the fæces." (*Loc. cit.*)

It is an interesting question, whether locality or certain kinds of diet have an influence in largely producing, or rendering more active, these parasites. This has been asserted, and the greater abundance of them in certain places would seem to warrant the belief. It has been stated that the patient whose case has been narrated, lived on Prince Edward's Island. On inquiry of the child's mother, I find that the *ascaris lumbricoides* is exceedingly common there, both in adults and children; and she has known them sometimes to be thrown from the stomach alive—but never in such numbers, at once, as in the case of her child. She is cognizant of



several instances where as many as 100 lumbrici have been discharged by children of about two years of age.

It has recently been suggested that a *vegetable* diet tends to the development of intestinal parasites and notably of lumbrici. Mr. Perry, of Droxford, England, who reports the discharge of 37 lumbrici at one time, some of them a foot in length, after a dose of three grains of *santonin*, followed by an aperient powder, remarks as follows upon the use of vegetables in reference to the verminous affection.

"The persons who reside in the locality in which I have met with these cases, are very poor, and, from the high price of bread this winter, have had recourse to vegetables of the commonest description, as an article of food, which will account for the presence of worms in the alimentary canal."\*

The same writer reports the discharge of between 40 and 50, and "in a family of four, 124 worms at one time, and many more afterward," one dose of *santonin*, followed by an aperient, having been taken. He speaks highly of this remedy, which, it would seem, has been but sparingly used hitherto. It may be found, elegantly prepared by a French pharmacist, at Messrs. Metcalf & Co.'s in this city.

To the question proposed by me to the mother of the patient, whether persons living on Prince Edward's Island, and who were troubled with worms, consumed more vegetable than animal food, the reply was, "We knew a family that ate as much meat as others, that was very subject to worms." From all I could learn by collateral questioning on this point, it seemed impossible to predicate anything on the ground of *diet*—which latter seemed to have been as varied as is usual amongst the laboring, or even the better classes, here.

Guesant remarks (*Dictionnaire de Médecine, en trente tomes, Article, Vers*) that, by the testimony of many, the *ascaris lumbricoides* is far more common in summer and autumn, wherever much fruit and vegetables are eaten; especially when the influence of this vegetable diet is not counterbalanced by the use of wine and salt. He notices the fact that lymphatic subjects are those most frequently a prey to intestinal worms, and females more commonly than males. The little girl above referred to, is very decidedly of the lymphatic temperament, as are all the family.

With respect to the numbers of the *ascaris lumbricoides* expelled from the intestines, there is every variety. Besides such as have already been mentioned, Dr. Durkee, of this city, has lately given me the description of a case where 82 lumbrici were passed *per anum*, in the course of a month, after the exhibition of anthelmintic and tonic medicines. The patient was a child between 3 and

\* *Med. Times and Gazette*, May 17th, 1856, p. 492; quoted in *Braithwaite's Retrospect*, Part 34th, pp. 103-4.

4 years of age, and Dr. D.'s services were solicited on the appearance of a single lumbricus which crawled out of the mouth. The child had been pale, fretful and restless at night, with anorexia and a degree of emaciation; the abdomen tumefied. Recovery ensued.

In a case observed by M. Charcelay (*Dict. de Med., loc. cit.*), 37 lumbrici were found rolled into a mass, and obstructing the small intestine. Sixty-eight were similarly observed by Guersant.

In the following very remarkable case, an account of which has been kindly furnished by Dr. Benjamin Cox, Jr., of Salem, a larger number was discovered in a single subject than has hitherto been reported, within my knowledge; and the case is the more worthy of attention, from the great obscurity of the symptoms as related to their cause—none being ever fairly referrible to the presence of the parasites.

“On Wednesday, June 4th, 1856, I was consulted by Mr. — respecting his daughter, a very intelligent child, between 11 and 12 years old. From his account of her symptoms, I inferred that she was suffering from temporary derangement of the stomach. At supper the previous evening, she had a craving appetite and ate more than she usually did at that meal. No food of an objectionable nature was taken, except a small piece of Bologna sausage. After tea, she walked out with one of her friends, made some calls, was very cheerful and happy, and appeared perfectly well. During the night she had pain in the stomach, and nausea, and finally vomited, wholly undigested, the bit of sausage, &c., she had eaten at tea-time. Supposing, from his description, that it was a common case of indigestion, I gave her father such directions for her relief as I thought proper. The next day, June 5th, I received a message to visit her. I found her below in the parlor, dressed, sitting in a comfortable rocking chair, and looking so natural and well, that, had I not known she was my patient, I should not have suspected that she was ill.

Upon examination, I found serious and alarming symptoms, for which, after a patient and thorough investigation, I could not account. These were an unnatural coolness—I might perhaps more correctly say *coldness*—of the face, neck, and of every part of the skin unprotected by clothing, and also of the extremities, yet without any feeling of coldness on her part; extreme thirst, without dryness of the mouth or coating of the tongue; a frequent, quick and *exceedingly small, feeble, thread-like pulse*, the slightest pressure of the finger rendering it imperceptible.

She appeared to be well nourished, and was as fleshy, and her muscular system as well developed, as in most girls of her age. The color of the skin, and of the mucous membrane of the mouth, was natural. The functions of the brain were all well performed. The respiration was normal. There was nothing unnatural in the

sounds of the heart; its pulsations were frequent (130 per minute), and its impulse was very feeble. She had but little appetite, and was unwilling to take food, on account of its exciting nausea, or vomiting, or both. The abdomen was flat. There was no pain or tenderness there on pressure. Nor were there symptoms indicating any trouble in the liver, or in the urinary organs. Upon inquiry at this and at subsequent visits, I learned that her health had been uniformly good, except that for the last year or two, she had suffered about once a month, and then for a day only, loss of appetite, nausea, vomiting and slight diarrhoea.

Her father usually gave her for these "worm turns," as he considered them, a little sage and senna in powder, and she almost always at these times discharged some *ascarides*, but never in large numbers, and *never* any lumbrici. There had been no unnatural hue of the face, no livid circle about the eyes, and nothing peculiar in the appearance of the countenance, except when she had the monthly ill turns; then, for the day, the features were pinched and sharp, as if she had lost flesh. The appetite, with the exception above mentioned, had not been diminished, irregular, or capricious. The breath, most of the time for the last year, had been very foetid, but at the time of my visit, and through the whole of her last illness, it was not so. The abdomen never had been tumid; she never had had colicky pains, had never complained of itching of the nose or anus, and, on being questioned, said she had never experienced it, and that her bowels were usually regular. She had never experienced drowsiness, nor had restlessness at night. She had always been a good sleeper, and was bright and wakeful in the day. She was of a nervous temperament, but was naturally amiable and lovely in her disposition.

The probability that worms in the intestines occasioned the alarming symptoms, was suggested by some of the family. But I had been taught by the highest authorities, and my own observation had confirmed the truth of the doctrine, "that though worms in the intestines do sometimes give occasion to grave symptoms, yet instances of this are extremely rare." Besides, nearly all the symptoms which are commonly thought to denote the presence of intestinal worms were absent. After considering all the circumstances of the case I concluded, notwithstanding the condition of the skin and of the circulation, and my serious doubts respecting the need of a vermifuge, to administer a cathartic. I directed a powder of calomel and rhubarb, to be followed every three hours, till it operated, by a dessert-spoonful of a mixture of castor oil and turpentine, of each half an ounce, and of the mucilage of gum arabic, one ounce. I also directed the free use of brandy and beef-tea; of opiates if they were required, to relieve pain, to procure sleep, or to check any undue operation of the cathartic; and of warm, dry applications to the skin.



Friday, 6th.—I was much surprised to find my patient in the parlor and dressed, she preferring to be below with the family during the day, rather than in bed. She had suffered no pain, but had been quite restless at times; had slept quietly. The powder and one dose of the mixture were retained; other, and smaller doses of the turpentine, were immediately vomited. She had had several small, thin, dark-colored evacuations, with but very little solid faecal matter. In vomiting, she had thrown from the stomach, with the turpentine mixture, *five round worms*; none were voided from the bowels. Everything she took into the stomach immediately excited vomiting, except diluted brandy; this remained for a while, but was finally ejected. Cold water and ice were most grateful to her taste, but had no effect in relieving the insatiable thirst.

The temperature of the skin during the night, when she was in bed, remained cold, as it was yesterday, and is the same now while she is in a heated room and wrapped up in warm blankets. The pulse, at this visit, was more frequent (140 to 150) and feeble, and it required great care, and lightness of touch, to count it.

Strange as it may seem, notwithstanding the insatiable thirst, the vomiting, the abstinence from food, or rather the inability to retain it, the coldness of the skin, and the almost imperceptible pulse, she did not look like one seriously ill. This appearance of health, this almost entire absence of anything morbid in her expression, was, I think, one of the most remarkable features of the case. She had, this morning, without any apparent exhaustion, walked from her chamber, down one flight of stairs to the parlor. She made no complaint of pain, weariness, or debility; she was buoyant and cheerful in spirits. Yet it was evident that she was fast sinking, and must soon die, unless a favorable re-action speedily took place. To quiet the irritable stomach, solid opium, in frequently-repeated doses, was directed; also the continued use of brandy, beef- or chicken-tea. Bits of ice soaked in brandy were grateful to her, and afforded momentary relief from the extreme thirst. Hot and stimulating fomentations were applied over the abdomen.

Saturday, 7th.—The only material changes since yesterday, were an increased frequency and weakness of the pulse, and greater exhaustion. The pulse was so feeble, and so nearly imperceptible, that I could only judge of its rate (160 to 170) by catching a few successive beats now and then. The skin was not so cold. The thirst, nausea, and occasional vomiting, when anything was taken into the stomach, continued. She had again, although nearly pulseless, walked from her chamber to the room below. In general appearance she had not very perceptibly altered since Thursday. I had yielded to her wish to be below; I now directed her to be placed in bed, and kept there. The same general treatment, with the addi-

tion of some diffusible stimulants, was continued. Her friends were apprised of her danger, and a consultation was requested by me.

At 5, P.M., I saw her in bed for the first time; the pulse at the wrist could not be counted. Applying my ear over the heart, I found its pulsations to be about 180, and so faint that very careful attention was required to hear them. Her mind was not disturbed in the slightest degree; she was cheerful and free from pain. At my morning visit, in passing my hand over the abdomen and finding it "caved in," I said to her, you have no belly. Now, as I turned down the bed-clothes to examine it again, she jocosely and laughingly said, "Doctor, I think you will find belly enough now." I mention this little circumstance to show her state of mind, and her freedom from suffering. I found the abdomen somewhat distended by flatus; there was no tenderness on pressure, except in the right iliac region. There I found a well-defined tumor, apparently as large as a common orange; flat on percussion, over a space of two or three inches in diameter, and extremely sensitive to the touch, so that she was very reluctant to have it examined. She said she had often had pain catch her there when she was running, or playing with her schoolmates, and had been obliged sometimes to stop and press upon the part, when the pain would suddenly cease.

It is unnecessary to mention what my speculations were about this swelling, or the connection it might have with her present disease. It is enough to confess that it did not occur to me, that this painless, yet acutely sensitive, tumor might be a *mass of worms*. In an hour or two after this visit, I saw her again with my friend, Dr. M. Her general condition was the same. I was much surprised, and, I must honestly confess, a good deal chagrined, to find that the recently-discovered tumor, which I had so particularly described to my consulting friend, had vanished, and with it all tenderness; nothing unnatural could be seen or felt anywhere about the abdomen, except the slight distension by flatus.

Sunday, 8½, A.M.—She is moribund. In the early part of the night she was wakeful; later in the night, and toward morning, she slept quietly. She was free from pain and suffering, and perfectly conscious till about two hours before death; then, after a fit of vomiting, she was much exhausted, gradually sank into a comatose condition, and died between nine and ten o'clock, A.M.

Examination six hours after death. Body slightly emaciated; not much rigidity.

Brain not examined. Thoracic organs healthy.

Peritoneum and abdominal cavity healthy.

The glandular organs of the abdomen were healthy.

Mucous coat of the stomach healthy, with the exception of three or four patches of a brighter red than the surrounding parts; not softened.

Mucous coat of the intestines, throughout its whole extent, of a decided dark-red hue, without any softening, perforation, or lesion of any kind.

The stomach and the whole alimentary canal were completely void of their usual contents; hardly a particle of faecal matter could be seen in the large intestines.

365 common round worms (*ascaris lumbricoides*) were found, principally in the small intestines, not more than 8 or 10 being below the cœcum.

Before opening the intestine, we pushed the mass of worms upward together, and they formed a solid roll or sausage (I use this word that you may better understand my meaning) *more than three feet in length*. The greater part of them were alive at the time of the examination."

Very serious accidents are enumerated by writers as arising from the presence of lumbrici in the human intestines—or rather, more frequently, from their attempts at exit, or their precipitation into the abdominal cavity, through perforations made by themselves, or accidentally, as by abscess, &c.

When they have crept upward into, and out of, the stomach, it has occasionally happened that they have caused asphyxia by wandering into the trachea; or, if in masses, and thus introduced into the stomach and œsophagus, the same result is believed to have been produced, in infants, by their pressure upon the trachea.

Guersant announces the following "characteristic symptoms" of *verminous asphyxia*. "Anxiety, agitation, dry cough, cries, threatened suffocation, painful sense of tearing, pricking sensations, and a feeling as of burning along the course of the trachea and about the origin of the bronchi, toward which regions the patients always carry the hand." On dissection, in a case of this nature, M. Arronssohn found a lumbricus lying across the bifurcation of the trachea; the mucous membrane of the air-passages showed injection and slight superficial erosion. (*Dict. de Med.*)

Perforation of the *appendix cæci* by these dangerous intestinal inhabitants has been noted; and other portions of the small intestine have been traversed by them, as testified by Gaultier de Claubry, Becquerel and others.

In this connection, the propensity of the lumbricus to insinuate itself into narrow canals and apertures, may be referred to. Thus, besides the *appendix vermiformis* (a somewhat appropriate hiding-place, so far as the name goes), instances are authentically stated of their penetration into the internal ear by the Eustachian tube; into the biliary canals (*Guersant, Laennec, Cruveilhier*), and thus being found in the midst of an hepatic abscess\* (*Tonnellé*); into the pancreatic duct (*Gmelin*); between the folds of the great

\* Guersant suggests that the sudden introduction of lumbrici into the biliary canals, may well cause fatal convulsions.



epiploon, after passing through the *foramen* of Winslow, having perforated the *appendix cæci*. There has recently been exhibited to the Society, an illustration of this curious exploring tendency, from a patient of Dr. Stocker of this city, the lumbricus being entrapped in one of the apertures of a dress-hook, and thus discharged from the bowels under the influence of a purgative. (See this Journal, Vol. LVI., p. 163.) Indeed, a half serious proposition was made, some time since, to catch these parasites by some sort of *baited noose*—thus taking advantage of the above-mentioned proclivity.

Bretonneau records a case where the intestine was blocked by a mass of lumbrici, and which caused death in a young child, but the number is not given; it is mentioned that the mucous membrane around the obstruction was softened and nearly destroyed by the friction of the worms. There had been violent pains, nausea, constriction of the œsophagus, convulsive movements, and a sensation of being gnawed, internally, by something living.

In the case communicated by Dr. Cox, the remarkable points are, the obscurity of the symptoms and the immense number of lumbrici found *post mortem*; and which seem to entitle it to the designation of *unique*.

[Dr. COALE stated that on board a United States ship, while crossing the Pacific, after being stationed on the China coast, many instances occurred amongst the crew of the egress of lumbrici from the mouth. While at anchor, the diet of these men had been almost exclusively of a vegetable nature; but, as two months had elapsed after the ship left the coast, before the occurrence of these cases, Dr. C. thought it questionable whether this could have had any influence in their production.

Dr. Coale also referred to a case, lately mentioned in one of the Southern medical journals, where the small intestine, for a space of two feet, was closely impacted with these worms.

Dr. STRONG alluded to the frequency of such cases in Spanish America.

Dr. CABOT had seen, in Central America, a child lying dead upon a bier in the open air, as is the custom of the country, with its mouth and nose filled with these worms. He stated that they were a common cause of death there.

With regard to the origin of these parasites, Dr. GOULD thought that as certain individuals, as well as certain families, are peculiarly obnoxious to them, it can hardly be attributed to germs received into the body from without. He alluded to the fact that the lumbricus had been found in the foetal intestine.

As to the influence of vegetable diet in predisposing to lumbrici, Dr. STORER mentioned the opinion expressed by Dr. Miller, some years since, in this Society, as being unfavorable to this notion.—

SECRETARY.]

## UTERINE HÆMORRHAGE.

BY W. B. CASEY, M.D., MIDDLETOWN, CT.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—It was not my intention to favor, or perhaps trouble, you so soon again, and I am only induced to do so now, that I may set myself right with your readers, and more especially with the learned and eminent Dr. Channing, who has, I fear, somewhat misapprehended my remarks in reference to “plugging the vagina.” In writing that little article it was my endeavor to condense what I had to say into the fewest possible words, that it might not take up an undue share of your valuable space; and hence in my desire to be brief, I may have been also somewhat obscure. I meant to recommend the use of the “Hæmostatic roll” (as it might be termed) in those cases only “where plugging is *proper* and necessary”; not intending to specify these cases, but leaving the employment of the roll to individual discretion; and not supposing that any one would apply it to all cases of flooding indiscriminately. I am fully aware of the danger of “internal hæmorrhage, after labor at full time,” having met with several cases of this formidable occurrence in my own practice, and in that of my brethren in this vicinity. I therefore make it an invariable rule, never to leave my obstetric patients after delivery, until thoroughly satisfied that the womb is firmly contracted, bearing in mind one of Prof. Meigs’s favorite apothegms, “a contracted womb cannot bleed.” I am careful also to try the patient’s pulse at short intervals, for the first half hour or hour after her delivery. If I find this quickening, while at the same time her countenance is becoming pale and her lips blanched, I lose no time in ascertaining the size and condition of the uterus. If that organ is becoming flaccid and distended, I at once introduce one hand into its cavity to break up and remove the coagula, while with the other I make gentle pressure and friction upon the abdominal walls. In some instances, doubtless, the cold water dash, the exhibition of ergot, applying the child to the breast, or even external manipulation, may be sufficient to ensure contraction; but where (as in these cases) there is no time to be lost or wasted in experiments, it seems to me sound practice to use the most *certain* remedy at the outset. There is no one point of practice, which is more strongly impressed upon my mind than this, perhaps for the reason—but with your permission I will tell a short story.

Some twenty years ago I left Bellevue Hospital, New York, and “put up my tin” in one of the then upper streets of that city. Among my earliest “calls” was one, in very great haste, to go into the Bowery and visit a patient said to be alarmingly ill. I accordingly hurried to the place specified (which I found to be the residence of a “Female Physician”), and there saw a woman said

to have been just before delivered of a fœtus at the sixth month. (The child was not visible, but the after-birth was, and that was somewhat too large for the sixth month.) The woman seemed to be in extremis; her abdomen was much distended, her pulse gone at the wrist, her respiration hurried; in short, everything betokened her speedy dissolution. Besides the "female physician," I found in attendance a regular M.D., of the male sex, who, living close by, had also been summoned to the patient's assistance. This doctor (I blush to write it) actually and gravely proposed to me, in our necessarily brief consultation, to bleed the patient! With a stare of astonishment I declined assisting in the commission of wilful murder, and directed the woman in attendance to bring instantly whatever stimulant she had in the house; at the same time took off my coat, and prepared to introduce my hand into the uterus. Before my preparations were completed, and the stimulants brought from below, the patient had ceased to breathe. Thereupon arose a discussion between my associate practitioner and myself, as to the cause of death; he stoutly insisting that it must have been "rupture of the heart"! while I, with equal obstinacy, maintained that the trouble was internal uterine hæmorrhage. Finding that in spite of physical, rational, and all other signs, my learned friend would not yield, I refused to make—or permit him to—the certificate requisite for burial in the city, and promised him that a coroner's inquest should, on the following morning (it was now near night), decide the point at issue. The "female physician," however, settled the matter (luckily, perhaps, for herself) by notifying the friends of her victim. They thereupon carried off the body in the night, and sent it to Connecticut, where the deceased had previously resided, and that ended my connection with, and knowledge of the case. I nevertheless hold firmly to the belief, that the poor woman died of internal hæmorrhage, after delivery at or near the full term.

The occurrence here narrated made a strong impression upon me, and ever since I have looked out for internal or concealed uterine hæmorrhage. Nor have I been much disposed to resort to plugging for post-partum flooding, unless for some merely temporary or incidental purpose. That there are cases of this species of flooding, which may be, and are very much relieved by "plugging," some slight experience of my own and the declarations of judicious and reliable professional friends induce me to believe; but such cases are not, I think, common, and should be considered exceptions to the rule. Will not Dr. Channing favor the profession, or at least your readers, with the result of his careful observation and ample experience, specifically upon this point?

*April 9th, 1857.*



## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

MAY 11th.—*Pistol Balls suspended within the Chest by the Pleura; also the appearances in the Lungs eight years after a Gun-shot Wound.*

Dr. J. M. WARREN showed two bullets given him by Dr. Morris, taken from the body of a convict who died lately at the State Prison, Charlestown.

The history of the case was this. In a fit of jealousy, this man shot his mistress, coming behind her while she was sitting on a low bench, and firing down upon the chest. He then placed a pistol to his heart and pulled the trigger. In the act of discharging the pistol, the muzzle became a little elevated, so that the bullets just escaped the heart and great vessels on their passage through the chest. Both of these patients came under the care of Dr. Warren at the time, eight years since. The woman lived three days, and then died in great agony. On a *post-mortem* examination, it was found that one of the bullets had passed through the cavity of the chest and lodged in the body of a dorsal vertebra. This vertebra was now shown, with the ball deeply imbedded in it. A second bullet struck the first rib, was cut in half by it, one half remaining on the top of the rib, the other traversing the lung, being found loose in the cavity of the chest. The hæmorrhage produced by this wound filled the chest, compressed the lung, and was the immediate cause of her death. The third bullet entered the neck, and its course could not be traced.

The man, immediately on being wounded, had great emphysema of the walls of the chest, followed by entire flatness on percussion of that side. After a very severe illness, he recovered sufficiently to be brought to trial, and, being convicted, was sentenced to the State Prison for life.

Dr. W. saw him at the prison about four years since. He then had a constant, dry cough. On auscultation, the respiration was found rough on the left side, and somewhat bronchial. There was no rale. Percussion revealed nothing abnormal. His health was otherwise good.

He died suddenly, a few weeks since, falling down as if in a fit, and surviving only a few minutes. On examination, it was supposed by Dr. Morris that some disease of the heart would be found to explain his death. No sufficient disease, however, could be detected. The valves of the heart were thickened, but not enough to impede their action. In the upper lobe of the left lung a cicatrix, showing the course of the balls, was distinctly visible. The balls having traversed the lungs, had lodged in the side of the chest. From this place they had become gradually detached, and were found hanging from the sides of the chest like cherries hanging from a tree, having carried the pleura before them, and being enveloped by that membrane.

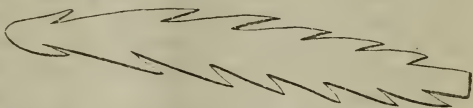
MAY 25th.—*Tumor of the Face and Orbit; apparently malignant.* Dr. WARREN showed a drawing, and described the case; the patient having been operated upon a week before at the Hospital. The man was 40 years old. Fifteen years since, a small pimple, followed by a scale, appeared on his face, below the eyelid. This was kept sore and irri-

tated, by being constantly picked. It slowly increased, invading the integuments of the face, cellular membranes, muscles, and apparently the malar bone, and taking partial possession of the orbit, so as to force the eye backward and upward, and in a great measure conceal it. The tumor appeared perfectly fixed, as if involving the malar bone and the bones of the orbit; and the operation was done after stating to the patient the uncertainty of the result, of which he seemed fully aware, and with the expectation of the necessity of removing the malar bone and the orbital process of the superior maxillary.

The tumor on the face being circumscribed by an incision, and the dissection commenced, it was found possible, while using the chisel to examine the state of the bone, to peel up the tumor with it from the base without removing any of the bone itself. The disease evidently had taken hold of the covering of the bone, but had not penetrated its structure. With much difficulty and patient dissection, the whole periosteum of the malar bone, with the tumor attached, was removed, and the dissection carried deeply into the orbit, removing the disease there in the same way, the whole mass coming out perfectly clean and smooth. The edge of the eyelid and the mucous membrane were left, and the eyeball was not injured, although it had been much compressed and forced from its natural position.

A microscopical examination of the disease, afterward, by Dr. ELLIS, revealed a structure composed of much fibrous tissue; but no cancer-cells could be detected. The patient recovered well after the operation.

MAY 25th.—*Foreign Body from the Urethra.* Dr. TOWNSEND showed a piece of sheet lead, of the shape and size of the accompanying cut, taken from the urethra of a man who had introduced it four months before, for the purpose, as was stated, of curing himself of masturbation. Its upper end was about one inch from the end of the penis, within the urethra. As the barbs were directed outward, an operation was found necessary to remove it, a small opening being made into the urethra near the scrotum, through which the lead was drawn.




---

EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.  
L. PARKS, JR., M.D., SECRETARY.

*Pulmonic Abscess.*—Dr. BOWDITCH related a case of abscess of the lung which was, so far as Dr. B. knew, unique. A young man, who had been much engaged and excited in political matters, at the time of the late Presidential election, experienced, subsequently, much prostration, and suffered from a cough, which was of about six weeks standing, when Dr. Bowditch first saw him, four months ago. None but domestic remedies had then been used.

The patient's appearance, at the time of Dr. B.'s first visit, was that of a person in advanced phthisis, of which he had all the rational signs, except hæmoptysis. There was also flatness and fine crepitation, at the lower part of the right back, suggesting the idea of one

of those anomalous cases of tuberculosis, such as are occasionally met with. On one occasion, after the usual morning visit, Dr. B. was summoned in haste to the patient, and found him suffering from great orthopnoea, and expectorating pus profusely; at least a *quart* of pus was expectorated, at the outset. The expectoration continued for some time, but diminished from day to day. Cavernous respiration took the place of the previous rales. The flatness diminished. In a few days after the first ejection of the pus, the patient began to improve; and now, his general appearance is that of health. The present diagnosis is *pulmonic abscess*. The pus was entirely free from fœtor. The treatment was by fusel oil and whiskey.

*Encephaloid; Epithelial Cancer.*—Dr. J. MASON WARREN mentioned the happy results of operation in two cases. Ten years since, he had operated on a lady 60 years old, for encephaloid of the breast. The tumor was ulcerated, and bleeding, so as to endanger the patient's life. Dr. Warren removed the breast. The tumor was exhibited to one of the Societies. It weighed from six to ten pounds. The patient is now living, and well. Her arm, on the same side with the diseased breast, was, at the time of the operation, the seat of a melanotic tumor of the circumference of a half dollar. The melanosis has given no trouble since.

The second case was one of epithelial cancer of the nose. Dr. Warren removed the disease twice—the last time, four years ago; and the patient has remained well to the present time.

*Rupture of the Uterus.*—Dr. GREENE related a case of rupture of the uterus. The patient, an Irish woman, was taken in labor with her third child at 6, A. M. At 7, A. M., Dr. G. saw her. She complained of a severe "stitch in the side;" and of a sense of "smothering." The pulse was almost imperceptible. The head was low in the pelvis, and just ready to be born. The pains shortly ceased. After some delay, from the unwillingness of the friends to allow the doctor to leave the bedside, Dr. G. went for his forceps. When he returned, the patient was breathing her last, and died before he had completed the extraction of the child, which was born dead.

Dr. Greene passed his hand through the rupture in the uterus. No autopsy was allowed. The head did not recede in this case; and there was very little hæmorrhage.

*Lead Disease.*—Dr. GOULD had a case of lead palsy at the Hospital, in a girl 14 years of age. The only source of lead to which she had been subjected, was the fine metallic dust that she was liable to collect in her employment of picking up, and assorting types, at a type-foundry.

*The National Hotel Disease.*—Dr. GOULD also spoke of a case of the National Hotel disease, at Washington, which had been under his care. The symptoms were, burning at the epigastrium, colicky pains, nausea, vomiting, profuse purging of liquid discharges—sometimes watery, sometimes pasty, with little or no bile. Opiates, astringents and other medicines, exerted but little influence upon the symptoms. A few days after the patient's return home, he became better; then, the symptoms recurred, and again ceased, and so on;—this alternation taking place five or six times. Such alternating amelioration and recurrence of the affection was noticeable in the other recorded cases



of it, whether they remained at the Hotel or left it. Dr. G.'s patient had had a fecal discharge the day before, for the first time since his attack.

[In a day or two the symptoms recurred, with clay-colored, thin discharges, and finally yielded under calomel and opium.—*Subsequent Report.*]

Dr. BOWDITCH had seen another case of the affection. For the space of from sixty to eighty hours, there was, in this case, a complete deluge of watery dejections. During that period the patient lost thirteen pounds of his weight. The slightest errors in diet brought on an attack.

Dr. Gould said that, in his cases, the attacks occurred irrespectively of errors in diet.

Dr. G. and Dr. Bowditch agreed that the symptoms differed much from those of poisoning by arsenic.

Dr. S. BALL had, also, had one of these Washington Hotel cases. The patient lost forty-five pounds during his sickness. The affection recurred once in three days. It eventually yielded, under the influence, apparently, of calomel, opium and camphor.

Dr. Gould, alluding to the theory that the sickness at the "National Hotel" was caused by gases escaping into the house from a drain, questioned if enough of the deleterious agent could gain access to the dormitories, by the mere diffusion of gases; and suggested the query whether, if the miasma was forced up in any other way, the occupants of the Hotel would not have been affected in the inverse proportion to the elevation of their rooms in the house. In answer to Dr. BIGELOW, he said it was not known how many of the inmates of the establishment had escaped sickness. He further remarked, that some who drank freely of the water supposed to contain poison, had escaped the sickness; and, on the other hand, some who had drunk but little of the water, had suffered severely.

*Purpura.*—Dr. C. PAGE reported a case of purpura in a child eight months old. The purpura appeared upon the face, fore-arm, nates and thighs. The patient was recovering, at the time of the report, under the use of chlorate of potash.

*Hydrocele.*—Dr. PHIPPS mentioned two cases of hydrocele, which he had successfully treated according to a method lately described in one of the journals—viz., by red oxide of mercury inserted into the cavity containing the fluid. A puncture was made by a small trochar, and three grains of the drug introduced upon the end of a probe. Inflammation took place, followed by absorption and apparent cure.

*Cataract.*—Dr. WILLIAMS spoke of a family largely afflicted with cataract. A mother and four of her children had double congenital cataract, involving more or less deficiency of sight in the patients. Dr. W. had operated on six of the affected eyes, all of which were doing well, at the time of the report.

*Puerperal Fever and Erysipelas.*—The subject of erysipelas in connection with peritonitis in the puerperal state being under discussion, Dr. ELLIS was led to remark that he recollected the case of a child, who died at the Hospital, some years since, in which erysipelas set in after an operation in the region of the hip. At the autopsy there was found an inflammation of the serous membranes—the pericardium, the pleuræ and the peritoneum,

Dr. J. B. S. JACKSON thought this fact interesting, as suggesting a connection between erysipelas and *non-puerperal* peritonitis.

Dr. J. thought the fact that quinine is beneficial, both in erysipelas and puerperal fever, an argument in favor of a connection between the two latter diseases.

Dr. HOMANS met with a noticeable case, eight years since, indicating connection between the two diseases. A gentleman had severe erysipelas. His wife was in the ninth month of pregnancy. The lady, twenty-four hours after labor, was taken with chills, and died in four days, with all the symptoms of puerperal fever. The time which elapsed between the commencement of the husband's erysipelas, and the peritonitis in the wife, was eleven days.

Dr. BIGELOW, Sen., mentioned certain note-worthy instances of consecutive cases of puerperal fever, in the practice of particular individuals. On looking over his books some time since, with reference to this point, he found that, in every instance of the disease in question, in his practice, he was attending other women in child-bed. No two, however, of his cases of puerperal fever had occurred at, or near, the same time. He thought it probable that the evidence furnished by the experience of the majority of practitioners would, if it could be ascertained, be found to be upon the negative side. Yet, if the danger of communicating the disease were only as *one to ten*, the physician, he held, had no right to incur that danger.

Dr. Gould's observation had satisfied him of the communicability of the fever, and that it was the fever of contagion in a large proportion of cases, though probably not always. In one or more instances, too, he had observed the infants of patients affected with puerperal fever, to break out with erysipelas.

*Carcinoma Uteri.*—The subject of cancer of the womb being before the Society, Dr. J. B. S. JACKSON remarked upon the proximity of the vagina to the peritoneum, and of the extreme thinness of the septum between the two cavities, which he had often observed in cases of cancer of the uterus. He thought it strange that perforation did not often occur; an event which he considered the mere passage of the speculum not unlikely to bring about. The introduction of that instrument had, in fact, often occasioned a good deal of hæmorrhage.

Dr. BOWDITCH mentioned a case of the kind, in which an eminent surgeon passed the speculum, and the patient died three or four days afterward, with symptoms of perforation.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 25, 1857.

### THE AMERICAN MEDICAL ASSOCIATION AT NASHVILLE.

IN our account, in a recent number, of the late annual meeting of the American Medical Association at Nashville, we were obliged, by our limited space, to confine ourselves to a notice of the most important proceedings of the Convention, as we found them in the *Nashville Medical and Surgical Journal*. An interesting and entertaining description of the meeting is published in the *Southern Journal of the*

*Medical and Physical Sciences* for June, which does not confine itself to the strict record of the Convention, but describes the extensive preparations made for the entertainment of the delegates by the citizens of Nashville.

The attendance from the North was small, owing to the distance of Nashville from our section of the country and from any great line of travel. Only six physicians from all New England and New York together attended, and but four from Pennsylvania. There was a small delegation from the North-Western States, and the bulk, some 250, were from the South. Among the delegates were twelve editors of the American medical press. The number, however, was too small for the organization of a convention of American medical editors, as proposed by the *Southern Journal*, and to which we have already alluded, under the date of March 26. The *Journal* proposes to submit to the consideration of its exchanges certain recommendations, with a view of eliciting a free expression of opinion on the subject from the various medical periodicals of our country, and to publish in October such views as shall be generally agreed upon. We think there is reason to hope that at the large delegation which will undoubtedly assemble in Washington next year, this important subject will receive the attention which it deserves, and that the editorial congress will be duly organized. The result cannot but have a beneficial influence upon editors, publishers and the profession.

On the evening of the first day of the convention, the delegates were received "in the stately mansions of Profs. EVE and JENNINGS and Mr. R. C. FOSTER, where every luxury which wealth and refinement could gather together, were served with an apparently thoughtless prodigality." The second evening was spent at the house of Dr. SHELBY, "where was a repetition of the unsurpassed luxuries of the previous evening." The sessions of the Association were concluded by a most splendid entertainment given in the State House by the citizens of Nashville, at which, according to the *Columbia (S. C.) Banner*, whose editor, himself an M.D., was a delegate to the convention, the number of persons present was *five thousand*, including from fifteen hundred to two thousand ladies. We copy the following description of the scene from the *New York Times*.

"The floor of the House of Representatives was cleared away for a ball-room, and that of the Senate Chamber for a supper-room. 2,500 tickets of admission brought a house full of the beauty and *élite* of the Capital and State. We dare not trust to the reports of those present. Their heads were evidently turned. They describe it as a gathering such as was never witnessed on the continent. The beauty of the women, their prodigality in surpassingly brilliant toilets, such displays of flowers, hoops, diamonds, silks, seem to have been unprecedented. There seemed to have been no one old, no one without taste, none without money. Fortunately, our Northern delegation took their wives with them, or perhaps so tempted as they were by those Western Circes, they might have forgotten the poor inmates at Bellevue Hospital, and their suffering patients all around.

"The meeting, although attended by so many less than was expected, was one of great value. Much business was effected. It has awakened the West to professional union, shown the North the wealth, education, resources, generosity of their distant brethren, and stirred



up a spirit of emulation which cannot but be of great good to the profession and the nation."

---

#### BERKSHIRE MEDICAL INSTITUTION—THE CHAIR OF PHYSIOLOGY AND PATHOLOGY.

WE learn with great pleasure that Dr. Frederick S. Ainsworth, of this city, has been invited to deliver the course of lectures upon Physiology and Pathology at Pittsfield, and that he has accepted the post. The selection is one which cannot fail to give satisfaction both to professors and students. The high qualifications of the incumbent are well known; his unusually accurate knowledge of anatomy, together with many advantages of study abroad, and much experience at home in the practical duties of his profession, ensure the most thorough teaching to those who may attend his lectures.

In addition, the urbanity of his manners and his cheerful temperament will render him most acceptable to all with whom he is to be associated.—The medical lectures at the Institution begin in August.

---

#### PARKER'S PATENT VENTILATING NIPPLE SHIELD.

ALTHOUGH we are always reluctant to recommend any medicine or instrument with the virtues of which we are not personally acquainted, we are induced, by the favorable opinion expressed to us by two of the most eminent physicians of this city concerning "Parker's Patent Ventilating Nipple Shield," to invite the attention of the profession to a contrivance which seems admirably adapted to prevent or cure chapped or sore nipples. One of these gentlemen informs us that he has employed it in five cases of sore breast with entire success. In two breasts, the agony of nursing was such that the patient declared that she could nurse no longer. The nipples were inflamed, swollen, and deeply fissured—bleeding with the slightest efforts at nursing. Some relief was obtained after the first application, and on the third day nursing was easy. The other physician has used the instrument in five cases with exceedingly satisfactory results. In another case relief was obtained, though it was not perfect, owing to an eczema, which affected the skin of the breast generally. He thinks that the shield should be worn all the time, save while the child is nursing; by so doing, the delicate integument of the nipple is protected from the irritation of the clothing, while at the same time a free circulation of air is obtained.

Accompanying the shield is a "vegetable oil," which is to be applied immediately after nursing. We presume that the chief virtue lies in the shield, and that *the* "vegetable oil" may be replaced by any other, or what is much better, by pure glycerine, which is admirably adapted, by its bland nature and non-drying property, to protect the cracked nipple from the air, and by the use of which alone, we have obtained excellent results.

---

#### HOMOEOPATHY: ITS TESTIMONY AGAINST ITSELF.

MESSRS. EDITORS,—A review of this pamphlet by H. L. H. Hoffendahl, M.D., has appeared. He adds his testimony to confirm the main propositions of the work, especially that the number of their practitioners in Europe is but small. He says, "The whole number

of homœopathic practitioners in Europe is 922." About 1 to 300,000. Together with some vague assertions that the homœopathic writings are quoted incorrectly, only the two following are given as instances. Each relates to a coroner's inquest; the first, on a child said to have died from salivation with mercury given by a homœopathist, which he says is "just the reverse of what is reported in the journal quoted. The child *had* cancrum oris." His mistake may be seen by referring to that journal. It there appears that two surgeons testified that the symptoms were decidedly those of mercury, and very different from those of spontaneous cancrum oris, and that they gave full details concerning the symptoms. The verdict, the reviewer's main point in both cases, was not alluded to in the pamphlet. The cases were cited merely as examples of the doses given. Though the jury decided that death was not caused by mercury, they avoided deciding that the salivation was not caused by it. The accused seem to have escaped, as quacks usually have, on the ground that the medicine was not given to destroy life; and the inquests seem to have been conducted to inform the community concerning the quantity of medicine used by men who make their pretensions.

The second was a case of labor, where, according to the *Brit. Jour. Hom.*, as some disease prevented the pains from being sufficient, a homœopathist gave twenty grains of ergot, and a rupture of the uterus soon followed. The editor defended the use of such a dose on the pretence that "it was given not to cure the disease, but to stimulate the uterus in its natural functions." The reviewer endorses his sentiment; and they thus seem to sanction the principle of giving the ordinary doses to stimulate any of the natural functions in any suitable cases.

V.

#### PRIZES OF THE MASS. MEDICAL SOCIETY.

MESSRS. EDITORS,—The Massachusetts Medical Society is authorized, by a donation from one of its members, to offer the sum of *one hundred dollars* for the best dissertation adjudged worthy of a prize on the following theme, viz.: "To what affections of the lungs does bronchitis give origin?" The above is open to physicians of every country. The latest article on the relations of bronchitis to other diseases of the lungs was written by Dr. W. P. Gairdner, of Edinburgh, in 1850. A review of the paper can be found in the *British and Foreign Medico-Chirurgical Review* for April, 1852. Each dissertation should be designated by a motto, and accompanied by an envelope, superscribed with the motto, and containing the writer's name and address. The sealed packet, accompanying the successful dissertation, will be broken and the author's name announced at the annual meeting of the Society in May, 1858.

Dissertations for the above prize must be sent (post paid) to the Corresponding Secretary, Dr. Benj. E. Cotting, Roxbury, Mass., on or before April 15, 1858.

Yours truly,

J. B. ALLEY.

*Deaths in Boston* for the week ending Saturday noon, June 20th, 72. Males 34—Females, 38.—Accident, 2—*inflammation of the bowels*, 1—*inflammation of the brain*, 2—*congestion of the brain*, 2—*consumption*, 17—*convulsions*, 1—*croup*, 1—*dysentery*, 1—*dropsy*, 2—*dropsy in the head*, 3—*infantile diseases*, 4—*puerperal*, 4—*epilepsy*, 1—*erysipelas*, 1—*typhoid fever*, 1—*scarlet fever*, 7—*disease of the heart*, 5—*hæmorrhage of the lungs*, 1—*inflammation of the lungs*, 6—*marasmus*, 2—*palsy*, 1—*pleurisy*, 1—*scrofula*, 1—*suicide*, 1—*teething*, 3—*thrush*, 1.

Under 5 years, 26—between 5 and 20 years, 7—between 20 and 40 years, 21—between 40 and 60 years, 10—above 60 years, 8. Born in the United States, 42—Ireland, 21—other places, 9.

*Comparative Healthiness of London and Paris.*—According to a communication of Dr. Webster, recently read at the Medical Society of London, while the rate of mortality ranged last year in London at one death in every forty-six inhabitants, it was about one in every thirty residents of the French metropolis. In other words, twenty-two in every 1000 persons living in London were cut off by disease; whereas thirty-four died in Paris by a similar calculation; or, for every two deaths in the former city, three were recorded in the latter. Again, more die in Paris in early life than in London, the number of deaths in Paris amongst children, under five years of age, being usually from forty-eight to forty-nine per cent. of the total mortality, whilst in London there were only forty in every 100 such deaths recorded. This smaller proportion, compared with that observed in Paris, stands out in marked contrast, even with some British towns, as, for instance, Glasgow, where the rate was 52.9 per 100 deaths; whilst in Dundee the number of children who died at equally early ages, during 1856, exceeded fifty-five per cent. This constitutes an important fact in sanitary science, and points to the prevalence of some social evils in these localities which need explanation, and certainly demand speedy amendment.—*Lancet*.

*The Nursery and Child's Hospital in New York.*—The new building for this hospital is at the corner of Lexington Avenue and Fiftieth street. The institution was first organized in 1854. The Report of the Visiting Physicians of the past year shows that 204 women and 329 children have passed under their inspection during the year. Numerous sick children of the indigent have been restored, and the daily labors of many mothers out at service, have been lightened by placing their children in this building for care and protection. Families have been supplied with nurses from the Institution, approved by the physicians; a treble benefit, to the family, the nurse, and the Institution, which receives a fee in each case. The whole household at the Nursery is under the immediate care and control of a matron, and two of the Lady Managers by turns make daily visits and examinations in detail throughout all of the wards of the establishment.—*N. Y. Times*.

*A Strange Plant.*—Mr. Ullman, of Columbia, of this State, claims to have discovered a plant in the great desert of Arabia, which is strongly prophetic of meteorological changes. We are now experimenting with a specimen sent us by the discoverer. It is keeping time very accurately with the ordinary barometers. We shall speak more at length after thorough investigation.—*Nashville Journal of Medicine and Surgery*.

*New Hampshire Asylum for the Insane.*—Dr. J. P. Bancroft, of St. Johnsbury, Vt., has been appointed superintendent of this institution, in place of Dr. J. E. Tyler, who resigned, it is understood, to take charge of an institution of like character in Iowa.—*N. H. Journal of Medicine*.

*The St. Louis Medical Journal* announces the death of Dr. Thomas Reyburn, in the 38th year of his age. He was formerly Professor of Materia Medica in the St. Louis Medical College, which place he filled with great ability. He was a high-toned gentleman, a fine scholar, and warmly and enthusiastically devoted to his profession. He had attained a high and proud position in the medical ranks. His professional brethren in St. Louis mourn his loss. The decease of such men is a great calamity for the profession at large.—*Cincinnati Med. Observer*.

*New Method of Castration.*—"The male deers used for draft are always castrated, which operation the old Lapp women perform by slowly chewing the glands between their teeth until they are reduced to a pulp, without wounding the hide."—*Bayard Taylor's Letters to the N. Y. Tribune*.

*Lost Children in New York.*—During the last year it appears that in New York no less than 4,952 lost children were taken up in the streets by the Police, and restored to their friends. Telegraphic communication is carried on between the stations, so that information is soon obtained in any part of the city of children found in other parts. During the same time, 916 sick and injured children were aided by the police, and 94 rescued from drowning. Children found by the policemen are retained at the station-house two days if not called for, and then sent to the Almshouse.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. LVI.

THURSDAY, JULY 2, 1857.

No. 22.

---

## PUERPERAL FEVER.

BY E. R. WILLARD, M.D., WILMINGTON, DEL.

[Communicated for the Boston Medical and Surgical Journal.]

It is with considerable diffidence and hesitation, that I communicate a case or two of "puerperal fever," out of a number that occurred in my practice last season, from the fact that medical men of the first eminence differ so much in regard to its nature and mode of treatment. Ramsbotham says, in speaking of the different writers on this subject, that "they have each faithfully recorded, no doubt, the phenomena they themselves observed, and as faithfully handed down the effects of the remedies employed; but the histories themselves carry with them internal evidence that the diseases described have differed widely from each other in their very essence, though all have borne their title, 'puerperal fever.'" He also says (with many others) in regard to the epidemic variety, that it is his opinion, from the numerous facts published, that it partakes largely of the nature of *erysipelas*. This opinion we have been led more fully to endorse, from the circumstances attending the epidemic as it occurred in our vicinity the latter part of the winter and spring of 1856. At the time of its appearance, *erysipelas* and scarlet fever were rife—the former, in particular, being quite prevalent. In fact, the first case was in the hands of a neighboring practitioner, who had two very severe cases of *erysipelas* in his own family at the time.

The case occurred the first of February, some ten days after confinement. The patient was 25 years of age, of nervous temperament, her constitution considerably debilitated from often-repeated attacks of intermittent fever, which was quite prevalent the fall previous.

The patient failed so rapidly after the onset of the disease, that counsel was called the second day, consisting of myself and two

other physicians. I found the patient in the dorsal position, with the legs extended, showing great prostration. There was exquisite tenderness over the entire abdomen; so much so, as not to bear the slightest pressure, with considerable tympanites. Pulse 150. Tongue dry, and reddish-brown in the centre, with a yellowish-white coating at the edges. Perspiration hurried and laborious. Countenance cadaverous, and in short all the symptoms denoting a speedy dissolution; which, in fact, occurred in a few hours after.

*Treatment.*—The patient from the first was treated upon the mercurial plan. Submur. hydr. gr. xxx. were ordered, to be followed in three hours with rhei gr. xxx., by which five or six good discharges from the bowels were secured. After which, R. Calomel, gr. xxxij.; ipecac, opii, āā gr. iv. Mix. Divide into eight powders. One to be given every two hours, alternated with thirty drops of turpentine, with mercurial inunction over the body generally. This was continued 12 hours, when a blister sufficiently large to cover the entire abdomen was applied, which drew in eight hours, and was dressed with mercurial ointment. Patient no better. Bowels moving frequently. Withdrew the turpentine and substituted stimulants—brandy, carbonate of ammonia, &c. Continued same powders and inunction. Still the patient continued to sink rapidly until the evening of the second day, when she expired.

CASE I.—Feb. 7th, I was called to see Mrs. R. in her fourth confinement. A woman of good, healthy constitution and nervous-bilious temperament. Labor natural. Child of medium size. She continued to do well until the fifth day, when I was summoned, at 7, A.M. Found the patient had had slight rigors in the night; pulse 120, soft, and easily compressed; slight sickness at the stomach, with occasional vomiting; tenderness at the epigastrium, with severe darting pains through the abdomen; tongue soft and flaccid, covered with a yellowish cream-like coating.

*Treatment.*—The patient had taken a dose of cathartic pills at 6, A.M.; I therefore ordered castor oil, combined with a few drops of croton oil, to be given at 9, A.M., and repeated every four hours until the bowels were moved, after which R. Quinine, gr. xxxvi.; calomel, gr. iij.; opium, gr. vi.; ipecac, gr. iss. Mix. Divide into six powders. One to be taken every two hours, with hop fomentations to the abdomen. 4, P.M.—Patient not so well. Bowels moved twice about 1, P.M. Pulse 140; exquisite tenderness over greater part of abdomen, accompanied with acute pain; respiration considerably quickened; urine scanty and high colored, and voided with great difficulty. Had taken a part of two powders since the operation of physic; I might say the whole, but she retained only a part, vomiting shortly after taking them. Ordered a strong liniment of chloroform applied to the stomach

and bowels, and the powders taken every hour for six hours, and every three hours after.

13th, 8, A.M.—Patient about the same; rested somewhat the latter part of the night. Kept the medicine down without much difficulty. Complained of a slight ringing in the ears. Pulse 130, and a little more full. Abdomen somewhat tympanitic. Continued the same powders every three hours, with sweet spirits of nitre,  $\frac{z}{i}$ , between. 6, P.M.—Symptoms same as in the morning. Medicine to be continued, with the same local application.

14th, 7, A.M.—Pulse 128. Slept well. Abdomen more tympanitic than at last visit. Tenderness about the same. Pain still relieved by chloroform liniment. Ordered, quinia, gr. xxiv.; pulvis opii, gr. viij.; chlo. sodium, gr. xxxij. Mix. Divide into eight powders. One to be taken every four hours. 5, P.M.—Pulse 125. Skin cool. Tongue shows a disposition to clean. Abdomen not so tender to touch. Urine passed with less difficulty. Treatment same.

15th, 8, A.M.—Pulse 120. Tongue cleaning in centre. Bowels moved in the night by aid of enema. Continued same treatment.

16th.—Still improving. Continued treatment.

17th.—Complains of some pain in right side. Tongue moderately clean in centre, and smooth. Abdomen not so tympanitic. Ordered mustard to side. Treatment same.

18th, 2, A.M.—Was summoned in great haste. Found patient with anxious countenance. Respiration hurried. Pulse 140, with severe pain in the side. Right pleura considerably inflamed, extending more or less into the lung. Tongue slightly coated, soft and trembling. Applied chloroform liniment to side in place of mustard, and gave as much wine as the patient would bear; also iodide of potassium, gr. iij., between the powders. 8, A.M.—Pulse 126, and full. Respiration not so hurried. Continued wine.

19th.—Pulse 120. In the last twenty-four hours has taken one quart of wine. Slept well last night.

The above was continued ten days with but little alleviation in symptoms, after which the patient began slowly to improve, and in two weeks was discharged. She took a pint and a half of the best port daily, from the time it was first ordered, until her dismissal.

CASE II.—Mrs. B., aged 34; Scotch; short, thick-set; robust constitution; sanguine temperament. Was confined Feb. 9th, with her third child. Labor easy and speedy, terminating at 9, A.M. Was called again at 10; found her flowing profusely. Administered ergot, and applied cold and friction over region of uterus. As she was sinking so rapidly, I thought it hazardous to wait their action. I introduced the hand into the uterus, and found it dis-



tended with a clot, which, together with the hand, was soon expelled by uterine contractions; causing the patient to express herself as "greatly relieved."

10th, 9, A.M.—She was seized with a severe chill, which lasted about an hour, after which fever set in; pulse rose to 130, with great pain and exquisite tenderness over greater part of abdomen. Urine scanty, and high colored. Breasts flaccid. Ordered quinine, gr. xl.; opium, gr. viij. Mix. Divide into eight powders. One to be taken every two hours. Sweet spirits of nitre, ʒi., between.

11th, 8, A.M.—Pulse 120. Tongue whitish brown. Abdomen tympanitic, and not tender to touch. Continued same powder every three hours, and chloroform liniment to abdomen. 5, P.M.—Symptoms same. Gave cathartic—castor oil, ʒiij.

12th, 8, A.M.—Pulse 112. Abdomen not so tympanitic. Bowels moved in the night. Powders every four hours, with nitre, and wine occasionally. From this, the patient continued to improve rapidly, on the same treatment, with diminished doses, until the 20th, when she was discharged.

REMARKS.—I had come to the conclusion, from the known effects of *quinine* in erysipelas, to give the remedy a fair trial in "puerperal fever," should the opportunity present; believing, as I did, in its erysipelatous nature. I would say that I have not had cause to regret it; for out of twelve cases treated as above, none died, while neighboring practitioners, more antiphlogistic in their treatment, who were loth to use "a remedy applicable only in ague," lost from one fifth to one third of their patients.

I also believe that quinine possesses the same *prophylactic* power in puerperal fever, that it does in ague. This conclusion I was led to, from the fact that no cases occurred after I commenced the use of the remedy for that purpose. My mind was first led to its use, as a preventive, from having a patient who had suffered more or less, for two months, with intermittent fever. And, for the purpose of relieving that difficulty only, I prescribed quinine gr. ij., morphine gr.  $\frac{1}{4}$ , to be taken every two hours, which was continued for sixteen hours. This was some three days previous to confinement. After confinement, I ordered the same doses of quinine, without the morphine, every six hours, for two days. The patient had no puerperal difficulty, as I had great reason to expect she would have, from the fact that she was unusually exposed by residing in the house with her sister, who had but recently recovered from the disease. Taking that as a good omen, I pursued the same course with all my patients after, and with the same result. I sometimes, however, found it necessary to increase the dose to six or eight grains, if they began to show symptoms of the disease, which immediately relieved them.

## DR. EDWARD BROWN-SEQUARD'S EXPERIMENTAL AND CLINICAL RESEARCHES APPLIED TO PHYSIOLOGY AND PATHOLOGY.

[Continued from page 340.]

§ XIV. We have tried, in the preceding part of this paper (see § XIII.), to show the deficiencies of the principal theories of epilepsy. We will now state our own views, but before doing so, we wish to declare that we do not pretend to give here a complete theory of epilepsy; we will merely try to elucidate some of the principal questions on this difficult subject.

I have ascertained upon my epileptic animals that the brain is not essential to the production of epileptiform convulsions. After I have taken away the brain proper, in one of these animals, I find that I can produce a fit almost as easily as before the operation, by pinching the skin of the face and neck. The only difference is, that the fit is not so violent, in consequence of the loss of blood. We find that still weaker convulsions may be caused by pinching the face and neck, if, besides the cerebral lobes, we take away the cerebellum, and even the whole of the basis of the encephalon, except the medulla oblongata and the pons Varolii.

From these experiments it results that, in my animals, epilepsy has its seat in either the pons Varolii, the medulla oblongata, or the spinal cord, or in these three parts together. It is very probable that its seat is in the upper part of the spinal cord, in the medulla oblongata, and the pons Varolii, where the roots of the trigeminal and of the first spinal nerves have their origin. According to some experiments made by Edward Weber and Dr. R. B. Todd, the faculty of producing epileptiform convulsions does not belong to the spinal cord. E. Weber (*Art. Muskelbewegung*, p. 16, in Wagner's *Handwörterbuch der Physiol.*) says, that the application of an electro-magnetic current to the spinal cord of frogs produces tetanic convulsions, while its application to the medulla oblongata causes alternate contractions and relaxations, as in epileptic fits. Dr. R. B. Todd (*London Med. Gazette*, May 11, 1849) states, that while the convulsions excited by the electro-magnetic current passing through the spinal cord and medulla oblongata are tetanic, the muscles being thrown into a state of *fixed* contraction, those which ensue when the current is transmitted through the region of the meso-cephalon and corpora quadrigemina are *epileptic*, being combined movements of *alternate* contraction and relaxation, flexion and extension, affecting the muscles of all the limbs, of the trunk, and of the eyes, which roll about just as in epilepsy. We have performed similar experiments upon rabbits and frogs, which have given almost the same results. In rabbits, when the current was passed through the pons Varolii and the tubercula quadrigemina, there were alternate movements of flexion and extension, resembling those of epilepsy, but much more extensive.

When the current passed through the medulla oblongata, there were tetanic movements of the anterior limbs, with epileptiform convulsions of the posterior limbs; sometimes the anterior limbs also had epileptiform convulsions. When the current passed through the spinal cord, a tetanic spasm was produced. We have found that a state strongly resembling a fit of epilepsy exists after a transversal section of the upper part of the medulla oblongata, which state continues to exist as long as the animal lives. We must not, however, conclude from these experiments that the seat of epilepsy is only and always in one or in all of these parts—the tubercula quadrigemina, the pons Varolii and the medulla oblongata. Pressure upon these parts has often taken place in man without causing epileptiform convulsions, or convulsions of any kind. More than ten of the cases of organic diseases of the encephalon, collected by Abercrombie (*Path. and Pract. Researches on the Diseases of the Brain and Spinal Cord*, 4th ed., 1845, p. 433–457), afford sufficient proof of this assertion. The results of the experiments of Weber, of Dr. Todd, and of our own, are certainly interesting, but they cannot lead to the conclusion that the convulsions of epilepsy in man result *constantly* from some affection of the quadrigeminal bodies (as Dr. Todd believes), or of the pons varolii and medulla oblongata. It must be remembered that the experiments upon animals are made on healthy nervous centres, and that disease changes the vital properties of these centres. Tetanus, or at least, tetanic convulsions, are sometimes due to diseases of the encephalon, and we have shown already (see § X.) that the nature of the convulsions has not any constant relation with the parts of the cerebro-spinal axis (spinal cord or encephalon), primarily diseased in epilepsy. We know that the muscles animated by nerves arising from the encephalon, or by nerves from the spinal cord, very often exhibit the same kind of convulsions in epilepsy, in tetanus, in hydrophobia, in poisoning, &c. Besides, in a great many epileptics, the first convulsions in an attack are tonic (tetanic), and they are succeeded by clonic convulsions. In other epileptics the fits are sometimes entirely tetanic, and sometimes, though more rarely, entirely clonic. In certain animals, Dr. Martin-Magron and myself have discovered (see my *Experimental Researches applied to Physiology and Pathology*, New York, 1853, p. 20) that irritation of the medulla oblongata caused by tearing out the facial nerve causes convulsions which are partly tonic and partly clonic. Other irritations of the medulla oblongata, of the upper part of the spinal cord, of the pons Varolii and its peduncles, of the tubercula quadrigemina, of the auditory nerve, &c., cause also tonic and clonic convulsions (see my work just quoted, p. 18–23, and p. 99). These facts, and many others, compared to the effects of galvanization, show positively that



different kinds of irritation produce different effects, and, therefore, we cannot conclude from the fact that epileptiform convulsions are produced by galvanic irritation of the pons Varolii or other parts of the encephalon, that it is an irritation of these nervous centres which causes epilepsy in man.

If we neglect the nature of the convulsions and take notice only of the parts of the body where they first occur, we arrive at the conclusion that the seat of epilepsy is very variable. Usually, however, the first spasmodic contractions occur in the muscles of the larynx, of the neck, of the eyes, of the chest, of the face, and in the bloodvessels of the brain proper, as we will show hereafter; and as these parts are animated by nerves coming from the encephalon and from the upper parts of the spinal cord, it seems that the seat of epilepsy is usually in some of these parts, if not in all. But the seat of this disease may be in other parts of the spinal cord, as seems to be proved by the production of the first spasmodic contractions in one of the limbs, either the inferior or superior. After the first fits, all the muscles of the body may be attacked with convulsions; so that if we take notice of the loss of the actions of the brain proper, there is ground for thinking that the seat of the disease is both in those parts of the cerebro-spinal axis where reside the faculties of Perception and Volition, and in those endowed with the reflex faculty; but this view is right only in appearance. We have shown already (see § XIII.) that the loss of perception and volition does not prove that epilepsy has its seat in the brain proper; we will try, in a moment, to show the great probability that a contraction of the bloodvessels of the brain proper, due to an irritation of their nerves in the spinal cord and medulla oblongata, causes the loss of the cerebral faculties; and as regards the increase of the reflex faculty, we will show that a partial and a local increase is sufficient for the production of fits.

Are epileptic fits always the result of an excitation of the cerebro-spinal axis? We think that it is so, but we consider it possible, however, that the excitation arises from chemical and physical changes taking place in the elements of the nervous centres, from bad nutrition and other causes. In this case it is just the same thing as if an excitation was produced by a tumor, by a poison in the blood, or by a nervous influence arising from some irritated nerve, &c.

As physiology teaches that irritation of the simple direct motor side of the cerebro-spinal axis cannot cause general convulsions, we are entitled to consider as reflex the convulsive movements which result from direct excitations of the nervous centres, as well as those which result from irritations coming from peripheral nerve-fibres. The so-called *centric* and *eccentric* causes of excitation of epileptic fits, both act on, or through the sensitive

side of the cerebro-spinal centres, and consequently both act on the reflex faculty of these centres, so that they both ought to be called reflex excitations.

We think epilepsy depends in a great measure on an increased reflex excitability of certain parts of the cerebro-spinal axis. We shall no longer speak of reflex *faculty* or reflex *property*, because these words do not express what we mean. In all muscular and nervous tissues we find two distinct properties; a property of producing actions, the force of which may vary extremely, and a property of receiving excitations, which we call excitability. One of these two properties may be very strong, while the other is very weak. Take, for instance, the muscles of cold-blooded animals; when the temperature is very low, their excitability is not very considerable, while their force of contraction is very great. When the temperature is high, on the contrary, the least excitability induces them to contract, but their contraction is without force. Again, if we take an atrophied muscle, we find, sometimes, that it may be excited to contract by a galvanic current too weak to excite contractions in a healthy muscle, while if we apply a strong stimulus to both, we find that the healthy muscle contracts with much more force than the atrophied one. Many experiments, which we will publish in another paper, have shown us that the reflex faculty of the cerebro-spinal axis is composed, as the muscular contractility is, of two elementary, vital properties, one of which we call the *reflex excitability*, and the other the *reflex force*. The cerebro-spinal axis may have a great reflex force, and very little excitability. It may, on the contrary, have an excessive reflex excitability with very little reflex force. In almost all epileptics, if not in all, the reflex excitability is increased, while the reflex force is rarely above, and often below its normal degree. The reflex excitability may not be much increased, although it is sufficient for the production of the fit, when certain excitations exist. I have found in my animals that there is not a great increase of the reflex excitability of the cerebro-spinal axis, except in a part of the spinal cord which is separated from the rest, and has no share in the fits. In several persons attacked with epilepsy, I have ascertained that the excitations most capable of producing reflex movements did not act more powerfully than in healthy persons, although the experiments were made a short time before a seizure, that is, at a time when the reflex excitability ought to have been at its highest degree. In a young girl, particularly, we have ascertained that tickling the sole of the foot, the axilla, the lips, &c., produced less reflex movements than usual, although she was then expecting a fit, which came on, in fact, about ten minutes afterward. The researches made by Romberg and Professor Hasse (see his admirable work on *Krankheiten des Nervenapparates*, in Virchow's *Handbuch der Pathologie*, Vol. IV., Part 1st 1855, p.

254) on the production of reflex movements during fits of epilepsy, cannot prove much against or in favor of the existence of a great reflex excitability, or reflex force in epileptics, because if the experiment be made in the beginning of the fit, it is almost impossible to know whether the convulsions result from the experimental excitations, or are normal parts of the fit; and if the experiment is made at the end of the fit, the absence then of reflex movements proves only that the fit has exhausted the vital properties of the muscular and nervous tissues. Hasse concludes, from his own and from Romberg's experiments, that the greatest variety in the energy of reflex phenomena exists during the fits of epilepsy.

Whilst we admit that in epilepsy there is almost always, and perhaps always, an increased reflex excitability, alone or together with an increased reflex force, we admit also that there is, in a great many cases of fits of epilepsy, a special kind of excitation, acting on the nervous centres. There are, therefore, three distinct elements for the production of a fit.

1st. Increase of the *force* of the reflex property;

2d. Increase of the *excitability* of this property;

3d. An excitation of a special nature, or a very violent one.

Of these three elements, the last two are the most frequent, and perhaps, as we have said, the first of these two is essential. As regards the share of a special excitation in the causation of epilepsy, the cases we have related of the cure of this disease by the section of a nerve, by ligatures, &c., show how considerable it may be. But in my animals, we have, in this respect, a better illustration. When the nerves going to the parts of the face and neck, by the irritation of which we are able to cause fits, are laid bare, we find that their irritation does not produce convulsions. If, in these animals, the fits depended only upon an increased reflex excitability of the parts of the nervous centres whence the nerves originate, we should see convulsions follow when we irritate the trunks of these nerves. As there are none, we must admit that when an irritation (and a slight one is often sufficient) to the cutaneous ramifications of these nerves in the skin causes a fit, there is something special in the nature of the excitation springing from these cutaneous nerves. However, there is in my epileptic animals, an increased degree of reflex excitability in the cerebro-spinal axis, as we find, even after the section of the nerves of the face and neck, that they have convulsions sooner, and lasting longer, than a healthy animal, when we prevent them from breathing for two or three minutes.

[To be continued.]

---

TEN days is said to be the youngest age at which the operation for hare-lip has been performed at King's College Hospital, London.



## Bibliographical Notices.

*Transactions of the Medical Society of the State of New York. Transmitted to the Legislature February 9th, 1857.* Albany: C. Van Benthuysen, Printer to the Legislature. 8vo. Pp. 292.

THIS volume is in many respects a manifest improvement upon its predecessor of last year, concerning which our duty as impartial critics compelled us to make some disparaging remarks. In respect to typographical accuracy, at least, we have no complaint to make; we have hardly noticed a single error of the kind which were so numerous in the "Transactions" for 1855. The volume contains the Semi-Centennial Address, by Dr. Alden March: the Historical Address, by Dr. Sylvester D. Willard: a Eulogy on Samuel McClellan, M.D., by Dr. Thomas W. Blatchford: biographical sketches of several deceased members: a series of papers presented at the Annual Meeting, and selected for publication: and a table of contents and an index to the Transactions of the Society for the past twenty-five years.

The Semi-Centennial Address of Dr. MARCH consists chiefly of a rapid sketch of the progress of the arts and sciences, and especially of medicine, during the past fifty years. It is interesting as a review of an astonishing series of remarkable inventions and discoveries, and is worthy of the occasion: but like the greater part of such addresses, being written *for* the occasion, it is not of sufficient value to warrant its being printed in a volume which ought to contain only such papers as are likely, from their practical or historical character, to be of service to the profession, or to the Society for whose use they are published. Under this latter head we must rank the "Historical Address" of Dr. WILLARD, containing a history of the Society, and sketches of some of its most distinguished members. These addresses, and the biographical sketches which follow them, occupy the first ninety pages of the book.

The first paper on a medical subject is a well-written and interesting one on the subject of *Cholera Infantum*, by Dr. EDWARD H. PARKER, of New York city. The object of the writer is to prove that the assemblage of symptoms known by this name is not entitled to be considered as a distinct disease, peculiar to this country, but that it is only an aggravated form of continued and simple diarrhœa, or of entero-colitis. He also denies the statement of Dr. Wood, that "perhaps the most alarming symptoms are those of hydrocephalus, occurring in the advanced stages." "*Hydrocephaloid* is the actual condition, and not *hydrocephalic*." "The cool head, the depressed fontanella, the previous or continuing exhaustive disease, the rapid improvement under the use of tonics and stimulants, should have opened the eyes of practitioners to the actual cause of the symptoms," viz., a condition of anæmia or exhaustion. Dr. Parker shows that the disease is described by European writers, under other names, and he appeals to statistics to prove that it is no less prevalent in the country than in cities. He considers that the principles of its treatment are the same as those of diarrhœa and entero-colitis. In chronic cases, where a series of bloody discharges occurs, that is, when the colitis is more severe and prominent, and when the condition approaches that of dysentery, he praises a mixture of about ten grains

of blue mass, rubbed up in two drachms of syrup of rhubarb, to which is added half a teaspoonful of paregoric and four ounces of chalk mixture; of this, a teaspoonful every two or three hours is the dose. We commend Dr. Parker's paper to the attention of practitioners.

"*Improvements of the Public Health, and the establishment of a Sanitary Police in the city of New York*," is the title of the second paper, by Dr. JOHN H. GRISCOM. It is a clear and forcible exposition of the evils to which New York is subjected for the want of a properly organized and efficient board of health, and concludes with the remark, that "with the abundant and excellent material afforded by that great city, a model sanitary police may be created, which for efficiency and good results would be unsurpassed in the world, the good influence of which would be felt throughout the State and country." We wish there was any reasonable hope that this and other similar warnings would awaken our municipal governments and citizens from the apathy with which they regard this all-important subject.

A paper on "*The Types of Fever*," by Dr. GEO. BURR, of Binghamton, N. Y., is well written, but does not call for special remark.

DR. NELSON WINTON, of Havana, Schuyler Co., reports an interesting case of *successful removal of an ovarian tumor*. The patient had been previously tapped nineteen times, the amount of fluid evacuated each time varying between  $8\frac{1}{2}$  and 16 pounds. The tumor was extensively adherent to the surrounding parts, but the adhesions appear to have been easily separated. The operation was performed Sept. 1st, 1856. The sutures were removed on the eleventh day, when union was nearly complete. In November the patient could walk about the house, and ride several miles.

The other papers in this volume are short, being chiefly reports of cases: the subjects are, Gangrenous Erysipelas; Medullary Sarcoma (in a child of 12 years of age); Sub-Malleolar Amputation; Hæmorrhage from the Urethra; Chronic Tubercular Splenitis; Vaccination, by Dr. D. P. Bissell. Most of these articles (the last is an exception), although of value as reports of interesting or rare cases, show a lamentable deficiency of simplicity, clearness and precision of style, so important in scientific subjects. We forbear making citations, but would call attention to the importance of a more thorough elementary education among our medical men.

On the whole, the Transactions of the New York Society for this year, although containing much that is of value, still are not equal to what we have a right to expect from a body embracing so many eminent men among its members. We cannot but think that the Publishing Committee might, by making greater exertions, secure papers which would reflect the highest credit upon the Society and upon the State.

---

*Diseases of the Ear, illustrated by Clinical Observations.* By JOHN NOTTINGHAM, Surgeon to the Southern Hospital, Consulting Surgeon to the Eye and Ear Institution, Liverpool. London: John Churchill. 1857. 8vo. pp. 644.

A DOZEN years ago, it was a common complaint that diseases of the ear were little studied and less understood. With the exception of a translation of the first edition of Kramer's work on the ear, there was scarcely a book in the English language, which deserved the name of

a treatise on Aural Surgery. There were, it is true, Buchanan's Guide to Acoustic Surgery; Saunders on the Ear; a poor translation of Saissy's Essay on Diseases of the Internal Ear; an Essay by George Pilcher, which received the Fothergillian gold medal; an excellent account of the anatomy and physiology of the Ear, by Joseph Williams; a book with a learned title, by an arrant quack, John Harrison Curtis, Esq., styling himself, and probably with truth, aurist in ordinary to His Majesty, surgeon to divers dispensaries, and fellow of an indefinite number of learned societies; and various other monographs there were and brief essays. Only a few of these books, however, possessed any value; and the few which were valuable owed their merit to the descriptions they gave of the anatomy of the ear, rather than of its pathology or therapeutics. On the continent of Europe a greater advance had been made in aural surgery. The work of Itard deservedly ranked and ranks among medical classics. The treatise of Kramer, which has been honored by a French as well as an English translation, was formerly authority in Germany and was far ahead of any of its English cotemporaries. The work of Lincke, also, published in two volumes of about 600 pages each, at Leipsic, in 1845, was exhaustive of the patience of the reader, as well as of all that had been said or written upon diseases of the ear, in any language, from the times of Aristotle and Galen, whom Lincke took delight in quoting down to the date of its publication. Still, with all this show of learning and array of books, little real advance had been made in the practical treatment of the diseases of audition. Physicians seemed to look upon the ear, not exactly as a *terra incognita*, but as a sort of *opprobrium medicorum* which it was best to let alone; which, like charlatanism, was best treated by being ignored.

Latterly however, observers, and able ones, have ventured into this field of study, and some of them have already gathered rich harvests of physiological and therapeutical knowledge. In 1846, Hubert Valeroux published his essay upon diseases of the ear. In the same year appeared a more elaborate and more practical work by Edward Schmalz, of Dresden. About the same time, Martell Frank, of Würzburg, published an elegant and most valuable treatise, entitled "*a Hand-book of Practical Aural Therapeutics*"—an admirable monograph, which has never been translated into English, though it is far more deserving of an English dress than either of the editions of Kramer's more bulky work. In 1848, P. Menière, the successor of Itard as physician in chief to the Hospital for the deaf and dumb in Paris, sent forth a French translation of Kramer, with numerous and elaborate notes and additions. Unlike most editors of republications and translators, he added to the work what was more valuable than the text. Since then, Marc de l'Espiné and M. Priquet have largely contributed to the advance of aural surgery. Nor were British aurists idle during this latter period. Mr. Wilde, of Dublin, gave us a book on diseases of the ear in 1853, which deserves the first place among similar treatises. In 1854, Mr. Harvey, of London, published a small octavo of 225 pages, which does not exhibit the research of Mr. Wilde, but which proves the author to be a safe guide in his specialty. The labors of Mr. Toynbee are well known, and have already earned for him an enviable reputation. An advertisement in one of the London journals informs us that a work by him on diseases of the ear may



soon be expected. And just now, in the Spring of 1857, we are greeted with a portly volume, fresh from the London press, by a Liverpool surgeon and aurist, the title of which we have placed above.

Mr. Nottingham's work, which we have introduced by a preface longer than we intended, and longer than our notice of it will be, is printed on unexceptionable paper, and with a type that accomplishes all that type can do to make reading delightful. It is entitled "*Diseases of the Ear.*" A more exact name would be a *Clinical Record of Diseases of the Ear*. As Touchstone said to his friend Corin concerning his mode of life, that "in respect of itself it was a good life; but in respect that it was a Shepherd's life it was naught;" we may say of Mr. Nottingham's book, that in respect to its being a record of cases, it is a very good record; but in respect to its being a treatise on Aural Surgery, it is naught. By saying this, we mean no discredit to the author or his book. He has given us an account of a large number of cases of diseases of the ear, with remarks upon them. The book is a collection of cases, which are well drawn up, and illustrate most of the different phases of aural disease. They show the author to be a practitioner well acquainted with the special affections of which he has given a clinical record. The remarks which he makes upon them are generally practical, but do not possess the value of the cases themselves. Still, as a hand-book of reference for the treatment of diseases of the ear—as a guide to general practitioners for the management of these affections, it is of little value. It gives the author's practice, without the principles which directed it. He does not generalize, except incidentally, or attempt to group his cases together by their leading characteristics. The book exhibits a mass of individual facts, but not the generic characters, which unite more or less of them. The task of describing the diseases to which the ear is liable, and of determining their principles of treatment, is left to the reader. He gives the record; from that the student must elaborate the principles. We do not deny that there is great virtue in doing this. At the present day, when writers are so apt to draw upon their imagination for their facts, it is refreshing to meet with a man who is willing to deal out facts alone. We cannot help regretting, however, that one, who evidently has such a large experience to fall back upon, should not have put that experience into a better shape for others' use.

The cases which compose the book are arranged in eight sections. The first section contains cases illustrative of deafness, caused by loss of more or less of the *membrana tympani*. The advantages resulting from the employment of an artificial substitute for the membrane are shown by numerous instances of the use of moist cotton, or other means of stopping up a perforation. The second section contains a large series of cases of "*diseases of the auricular region, auricle and external meatus.*" The third section exhibits affections of the *membrana tympani*, such as opacity, inflammation, perforation. Here we see an instance of the imperfect arrangement to which we referred. There is no good reason for separating the third section from the first. Section fourth treats of otorrhœa. As otorrhœa is only a symptom and not a disease, this section, of course, contains cases of disease of the external meatus, of the *membrana tympani*, of polypus, of the sequelæ of the exanthemata, &c. It is very like attempting to describe cases of diseases of the chest under the generic name of cough. Sec-

tion fifth is concerned with disease of the Eustachian tube and throat. The sixth section illustrates what Mr. Nottingham terms "Surgical diseases and injuries of the head and face, affecting the Ear." The seventh contains diseases of the labyrinth and internal ear. The last section is the most interesting of the book. It is an essay, illustrated by examples, upon deaf-dumbness, whether congenital or acquired, and mutism.

It is evident, from a perusal of the book, that the author is an excellent practical aurist. More than this, he is not merely an aurist, but a general surgical practitioner. He is more than a specialist. He is a surgeon, who is not narrowed down to one minute department—but one who looks upon the ear as intimately connected with the general economy, and not as an independent entity. This is a great excellence for a practitioner. Modern specialists are too apt to forget the predominating influence of the general system, and to elevate their own favorite objects of study and practice into the position of being the central power of the body. The fact of Mr. Nottingham's evident excellence as a practitioner, as indicated by his record of cases, makes us regret the more keenly the imperfections of his book. It is clear that he might have written a better work. We hope he will.

E. H. C.

---

*A Manual of the Detection of Poisons by Medico-Chemical Analysis.* By Dr. FR. JUL. OTTO, Professor of Chemistry in Caroline College, Brunswick. Translated from the German, with notes and additions, by WILLIAM ELDERHOEST, M.D., Professor of Chemistry in the Rensselaer Polytechnic Institute, Troy, N. Y. New York: H. Baillière. 1857. 12mo. pp. 178.

THIS work pretends to be no more than a simple chemical *Manual* for the detection of poisons; but, from its general plan, its systematic arrangement, its generally very full exposition of the various methods adopted by different chemists in analyses for poisons, as well as from the high scientific position of its author, it certainly should be considered a *treatise* rather than a *manual*. As in works upon inorganic chemical analysis, so in this, directions are given for a systematic examination of the suspected substances for any or all of the common poisonous matters, whether mineral or vegetable.

The chemist, in pursuing the plan here set forth, does not start with the supposition that the poison is either arsenic or corrosive sublimate, and consider that his duty is accomplished when he has determined either the presence or absence of one of these. He searches for one or all of the poisons. He first examines a small portion with the aid of heat, for prussic acid, and then adds sulphur, and with a greater amount of heat he looks for indications of phosphorus. He then tests a second portion for the alkaloids, such as strychnine, morphine, atropine, &c., by the method of Stas. This is founded upon the fact that the alkaloids form acid salts, which are soluble in water and alcohol; and that, on decomposing the solution by means of an alkali, and agitating it with ether, the liberated base dissolves in the ether. The alkaloid thus separated may be volatile, as conicine or nicotine—or non-volatile, as morphine or veratrine; processes are then given to distinguish the individual alkaloid. A third portion of the suspected matters he then examines for the mineral poisons, by me-

thods well known to chemists, and which are given in detail, but with simplicity, in this volume.

By such a systematic method, the recognition of any of the common poisons is almost, if not completely, within the bounds of certainty, unless they exist in very minute quantity.

The author gives a succinct account of the various methods which have been adopted for the detection of arsenic ; a chapter upon the detection of alcohol in minute quantities, and also of chloroform ; and another upon the examination of suspected blood-stains. This last article gives a *resumé* of the best chemical processes for the recognition of blood, but leaves the microscopical test untouched, because the author does not consider himself "sufficiently qualified to escape its fallacies." We think, therefore, that this chapter is not complete, and that the aid of a microscopist is required to perfect it.

The American editor has made some important additions in the article on hydrocyanic acid ; he has inserted a chapter upon oxalic acid, and has given Marshall Hall's physiological test for strychnia. The book should be in the possession of all persons liable to be called upon in medico-legal investigations.

B. S. S.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 2, 1857.

### SELF-MEDICATION—QUACK PUBLICATIONS.

THE propensity to swallow unknown compounds in unlimited quantities, for real or fancied ailments, has always more or less actuated mankind, and especially womankind. The amount of damage done to the body and mind in this way may be safely pronounced incalculable. No potion is too nauseous, no external application too severe and disgusting, for popular credulity to gulp down, or for popular endurance to bear—provided they be pronounced "something new," have a certain amount of mystery about them, and be puffed vigorously by the daily papers, whose editors cannot, by any possibility, *know* anything of their nature, application, or the danger arising from their reckless administration.

Now, there is no law to prevent self-medication (*alias* self-destruction), and hitherto no reasoning has availed to open the eyes of the countless dupes of impostors and selfish penny-catchers—people expend their hard-earned gains for that which is not medicine, and, literally, "their labor for that which satisfieth not" ; and the more audacious the pretender who empties their pockets so deftly, the better they appear to like him and his doses. The honest feeling which prompts the physician to warn those whom he sees thus deceived, is interpreted as an interested plea for himself, and whilst well-informed and *soi-disant* honorable editors laud the quack, and give him full opportunity to display himself in their columns, they never lose an occasion for a paltry fling at the true physician, in the shape of some miserable pun or perverted narration. Such things as the following, for instance : "How many deaths ?" asked the physician. "Nine,



sir." "Nine! why I ordered medicine for *ten*." "Yes, sir, but one wouldn't take it." The *Transcript* lately chuckled over this sublime paragraph, and is by no means alone in the elevated occupation. These, and similar scraps, which serve to fill blank spaces in daily journals and thus lessen the tax upon their managers' cerebral stock, so often far below *par*, remind us of the small, round *puncta* left by summer flies on every clean thing they can light upon, whilst engaged in their otherwise useful occupations (for the *least* fly has its uses), or harmlessly buzzing for their own enjoyment.

If the crowds who are wedded to the imbibition of draughts of patent medicine and to the ingestion of patent pills done into existence in untold and untellable numbers, and by machinery, even, will not believe the physician who speaks to them truths like those enunciated by Sir John Forbes in his "Nature and Art in the Cure of Disease," or such as were long since put into type by our own Bigelow—nay, if people who are governed by common sense in every-day matters of far less consequence than the care and restoration of their health, will not listen to the daily, disinterested advice of the medical men about them—advice for which no fee is sought, but only trust and trial of it asked—why they must take their course and abide the consequences—more's the pity. The blame, however, lies largely at the door of those who, having charge of the newspaper press, are willing, directly or indirectly, to pander to the atrocious pretensions of medicine-venders in general. From Brandreth's pills, now measured by cartloads, to Peruvian Syrup, the pet of the *Boston Daily Advertiser*, and whose parentage is odorous of humbug, down to Antiphlogistic Salt, *alias* salæratum, what a bundle of trash have these respectable vouchers of nostrums assisted in binding upon the broad and patient shoulders of the gullible public!

Were we, or any one, to speak of the *responsibility* thus recklessly assumed, astonishment would possibly render these scribblers' faces blanker than usual; or very probably we should be reminded that the age is rapidly advancing, if not already upon us, when every one is to be his own physician—just as, amongst other bubbles, we lately saw it announced that "every one" might be his "own printer"! How much, however, of this latter occupation is it likely will be exercised? About as much as it is supposable would obtain, if every man were to instal himself "his own" watchmaker, baker, cobbler or tailor. We can assure all who are eager to try prescribing for sick folk—especially if they themselves are the patients—that they will, in ninety-nine cases out of one hundred, make sad, blundering work of it, and the one hundredth will very likely cap the climax by introducing the great *ultimatum* itself—*et mors pallida in æternum sedebit*—at least over their pretensions. The best physicians are the least inclined to drug their patients—but *such alone* know how and when to administer the potent remedies at their command. Why should the unskilled wish to handle dangerous tools—why should there be so many willing to be thus tampered with?

A very injurious and truly a most disgusting feature of quackery is the flooding of the book-market with "treatises" (so called) upon various disorders and diseases; these, got up for the popular eye, are not only notoriously unreliable as guides, but very generally cater to the worst tastes, and tend in many instances to induce the very evils

they pretend to teach a cure for. The only truths they contain are stolen at random from works of real value, but these are so mis-applied, or perverted in other ways, that, paradoxical though it seem, error is instituted by truth, and much mischief done by weapons which, wielded by those who forged them for legitimate uses, often prolong life even in desperate cases, and are constantly benefiting humanity in less grave emergencies. We have often, and sometimes much to our astonishment, found these publications in the hands of well-educated, and, on other grounds, sane and sensible persons. Lately, by a singular accident, one of these books fell into our hands; it was sent to us by mistake instead of a medical volume which had been borrowed by a relative of the sender. It was a "yellow-covered," abominably ill-favored affair, full of badly-executed engravings and worse maxims, marvellously ill-chosen, and all purporting to be a "Guide in Female Diseases." Alas! that a woman should give such a production house-room—much more be "guided" by it! Still worse than this was another "yellow-covered" compound, setting itself up as a sure "Guide" in the treatment of spermatorrhœa (every one, we suppose, to be considered "his own" spermatorrhœa-curer), and this was shown to us by a patient, who, after being *guided* by it for some months, and only getting worse, began to have the dawning of an unbelief in its power to enlighten his darkness. The book was positively *bestly*—that is the word for it; its frontispiece was a nude female figure, temptingly limned in colors, the face and bust handsome and well-proportioned, the genital organs drawn so as to exhibit partly their external and partly their internal arrangements, &c. Interspersed through the text were other figures and portions of organs, &c., of the most objectionable description. It is needless to say that such a pocket-companion could but aggravate the trouble it dishonestly promised, by its revelations, to cure. The young man who had purchased it had himself come to this conclusion, and was ready to resign it, together with the vile mixtures he had been taking, and to adopt a different course.

How long shall such practices disgrace the land and ruin thousands? Whilst these deluded persons brood over their ailments at the same time they con such dirty pages and their dirtier illustrations, the empirical adventurer "puts money in his purse" by feeding the flame he pretends to quench. It were greatly to be desired that all such pests could be indicted for obtaining money under false pretences—the only way, it seems to us, to abate the nuisance; and if the authors manage to dodge the responsibility, let the publishers and venders be visited with the penalty—a doom as fitly belonging to them as to the sellers of any other *obscene* prints and books.

#### LUMBRICI EXPELLED BY SUBNITRATE OF BISMUTH.

WE translate the following from the *Gazette des Hôpitaux* for March 12th, 1857. The remarkable case of impaction of the intestine with lumbrici, lately related in our pages, and its fatal result after such obscure and irrelevant symptoms, will induce the administration of anything which will safely and surely expel these parasites, on suspicion, even, of their presence in the intestines.

"It may be said without exaggeration that the number of vermi-fuges is so large that the practitioner is only puzzled to choose one

from the list; all, however, act more or less injuriously upon the intestinal mucous membrane. A new one is now offered not liable to the objection just mentioned, and which may consequently render genuine service.

"Josephine X., 22 years old, a resident at Valencia, Spain, of lymphatic temperament and feeble constitution, came under observation May 2d, 1856. Teeth in good condition. No other disease ever experienced, except measles. Face pale, cheeks flushed at intervals, skin warm, patient apparently in a profound slumber. Pupils dilated and uninfluenced by bright light, eyelids covering the globe of the eye, sclerotic of a bluish-white color; countenance sad when she is aroused, then, immediately, a state of deep coma succeeds. Tongue whitish, thirst moderate, complete anorexia; abdomen soft and not painful on pressure, notwithstanding there is abundant diarrhœa, the discharges being of a glairy, mucons nature. Pulse hard and quick; respiration accelerated. Urine cloudy, and depositing a light sediment.

"This group of symptoms, of which fever, coma and diarrhœa were the most prominent, not being sufficiently characteristic to give a name to the affection, soothing drinks alone were directed.

"The same symptoms persisting the next day, and the diarrhœa having increased, subnitrate of bismuth was given,  $4\frac{1}{2}$  grains thrice during the twenty-four hours.

"On the 4th of May, the patient had passed from the bowels a mass of lumbrici, 27 in number, each three inches long. The coma at once disappeared, the eyes became animated, the circulation, heat and respiration regained their normal condition, and the diarrhœa ceased immediately. With the idea that other worms were still in the bowels, three grains of calomel were given, twice in twenty-four hours, and were followed by the expulsion of two other lumbrici, the next day, without any other symptom.

"This observation clearly manifests all the difficulty and uncertainty to which the physician is liable in forming his diagnosis. The dilatation of the pupils and the coloration of the sclerotic were insufficient to indicate the presence of worms; and, whilst the alternate pallor and flushing of the face, together with the coma, might excite a fear of commencing encephalitis, the diarrhœa annulled this suspicion: and again, if the diarrhœa gave rise to apprehensions of enteritis, the nature of the discharges, and the absence of other symptoms peculiar to that affection, forbade this idea.

"The expulsion of a quantity of ascarides lumbricoides immediately after the administration of bismuth, is another fact hardly less inexplicable. The salt used could not have acted as a vermifuge in consequence of containing arsenic, for it was perfectly pure. Has this medicine, then, a new property? How can we, in this view, explain its action in those infinitesimal doses still persisted in by certain practitioners, when no accidents occur, according to M. Monneret, when it is given in the dose of from four to five drachms and more, daily: in fact without being weighed, and hardly measured? At all events, having lately given it as an antacid to a lady, it caused the rapid discharge of five lumbrici."—*Boletín del instituto-medico-Valenciano; et Journal des connaissances Médicales.*



*Impudent Fraud.*—A widely-circulated pamphlet, of a description well known to most of our readers, called "A few Words on the Rational Treatment of Spermatorrhœa and its Concomitant Complaints, by means of Dr. De Laney's newly-invented Curative Instrument," contains an extract purporting to be taken from this Journal, recommending Dr. De Laney's instrument. The extract is copied with such omissions and alterations as to make it applicable to a wholly different article from the one originally referred to, and the use of it in this way amounts in effect to a base forgery. Of course no honorable man would be guilty of such an act.

*Death of Mrs. Perry.*—We regret to notice the death of Mrs. Abby Perry, wife of Dr. Marshall S. Perry. This event, which occurred on Monday last, has cast a deep sorrow over the extensive social circle in which Mrs. Perry moved, and where her many virtues were eminently appreciated.

*Plagiarism.*—The North American Medico-Chirurgical Review for July, in a notice of a work on the microscope by an Englishman by the name of Hogg, shows that the author has deliberately appropriated a large part of Dr. Wythe's deservedly popular book entitled "The Microscope," without making the slightest acknowledgment to Dr. W.

*Health of the City.*—During the last five weeks the mortality of Boston has been low, as is usually the case at this season. The number of deaths has been for each week as follows: 60, 67, 59, 72, 58, and the prevalent diseases have been consumption, pneumonia, convulsions and scarlatina. We notice that there were but nine deaths from phthisis during the last week, an uncommonly low number. Pneumonia has been rather more prevalent than usual, owing doubtless to the coldness and dampness of the season. During the week there were six deaths from scarlatina. The number of deaths reported during the corresponding week of 1856 was 72, of which 19 were from consumption, 2 from pneumonia, 4 from scarlatina, and 2 from convulsions.

*Books and Pamphlets received.*—Catalogue of Human Crania in the collection of the Academy of Natural Sciences of Philadelphia. By J. Aitken Meigs, M.D.—Address before the Connecticut Beta of the Phi Beta Kappa Fraternity. By Benjamin Aphthorp Gould, Jr.—Summer Medical Training in Philadelphia; an Introductory Lecture, &c. By Edward Parrish.—Quinine in Fever. By Isaac Casselberry, Evansville, Ind.—Experiments upon Digestion. By Francis G. Smith, M.D. Philadelphia.

*MARRIED.*—In Medford, 18th ult., Dr. W. W. Codman, of Boston, to Miss Ellen Train, of M.—In Peppercell, Dr. Francis A. Howe, of Newburyport, to Miss Mary F. Lewis.—At Exeter, N. H., 11th ult., John Stevens, M.D., of Boston, to Mrs. Olive R. Hoyt, of E.—In Washington, D. C., May 5th, Dr. Wm. H. Mussey, of Cincinnati, to Miss Carrie, daughter of Harvey Lindsly, M.D., of Washington.—In Wilmington, N. C. 17th ult., Dr. Henry W. Mason, of Boston, to Miss Marian Gage, of W.—At Philadelphia, June 16th, Dr. John D. Bryant to Mary Harriet Riston, all of that city.

*DIED.*—In Westboro', 7th ult., suddenly, of inflammation of the bowels, Dr. Benjamin Pond, 68; for almost thirty years an annual advance-paying subscriber to this Journal.—At New York, John Neilson, M.D., 83.—In Charleston, S. C., 8th ult., Dr. Thomas Y. Simons.—In this city, June 29th, Mrs. Abby Perry, wife of Dr. Marshall S. Perry.

*Deaths in Boston* for the week ending Saturday noon, June 27th, 58. Males 25—Females, 33.—Accident, 4—apoplexy, 1—asthma, 1—inflammation of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 1—consumption, 9—convulsions, 5—dropsy, 4—dropsy in the head, 2—debility, 1—infantile diseases, 5—puerperal, 2—erysipelas, 1—typhoid fever, 1—scarlet fever, 6—disease of the heart, 2—inflammation of the lungs, 4—congestion of the lungs, 1—marasmus, 3—palsy, 1—scrofula, 1—teething, 1.

Under 5 years, 25—between 5 and 20 years, 5—between 20 and 40 years, 12—between 40 and 60 years, 9—above 60 years, 7. Born in the United States, 37—Ireland, 15—other places, 6.

*Rhode Island Medical Society.*—The Rhode Island Medical Society held its forty-sixth annual meeting in Providence, on the 3d ult. Dr. Isaac Ray, of Providence, was re-elected as its President for the ensuing year. 1st Vice President, Dr. Jas. Eldridge, of East Greenwich; 2d Vice President, Dr. C. W. Parsons, of Providence; Recording Secretary, W. O. Brown, of Providence; Corresponding Secretary, Dr. G. P. Baker, of Providence; Treasurer, Dr. G. L. Collins, of Providence. The following gentlemen were elected honorary fellows of the Society. Drs. Henry I. Bowditch, of Boston; Joseph M. Smith, New York; Francis D. Condie, Philadelphia; David Braynard, Chicago; René La Roche, Philadelphia; Charles A. Pope, St. Louis; Zina Pitcher, Detroit; and Prof. Dickson, Charleston, S. C.

The Trustees of the "Fiske Prize Fund" announced that they had awarded a prize of one hundred dollars to David Hutchinson, M.D., of Mooresville, Morgan Co., Ind., for a dissertation on the question "What are the causes and nature of that disease incident to pregnancy and lactation, characterized by inflammation and ulceration of the mouth and fauces, usually accompanied by anorexia, emaciation and diarrhœa, and what is the best mode of treatment?"

They offer two prizes of one hundred dollars each, the present year, for the best dissertations on subjects duly announced by them. \*

*The Medical School of Vienna.*—We find, in a letter addressed by Dr. Purdy to the Editor of *L'Echo Medicale Suisse* (March, 1857), the following particulars touching medical teaching at Vienna:—

The general hospital, containing 3000 beds, is exclusively intended for clinical instruction. The wards are lofty and well ventilated, averaging from twenty-eight to thirty-six beds; but the diet is of an inferior kind. There are four subdivisions for Medicine, at the head of which are Drs. Oppolzer, Skoda, Von Raimaun, and Helm; one for Skin Diseases, under Hebra; one for Venereal Diseases (Sigmund); two for Surgery (Schuh and Dummreicher); one for Diseases of the Eye (Arlt); and two for Midwifery (Braun and Bartsch). There are, besides, two chairs connected with the hospital—one of Pathological Anatomy (Rokitansky); and the other of Forensic Medicine (Dlauhy).

The author of the letter considers Dr. Oppolzer as a very accomplished teacher, and extremely anxious to convey knowledge at the bed-side. Skoda is too fond of hypothesis, too sceptical as to therapeutics, and too much inclined to confine his attention to the mechanical play of organs. Hebra, continues the writer, has made good use of his splendid opportunities, and renders the study of skin diseases extremely attractive; but he is too dogmatical, indulges too much in sarcasm as regards his brother professors, and forgets that the labors of our forefathers are worthy of every respect. Sigmund is antagonistic to Ricord, and gives a two months' course on venereal diseases. Surgery is rather weak, and not to be compared to Heidelberg (Chelius) and Berlin (Langenbeck). The eye clinique is under the care of Arlt, who operates extremely well. Excellent opportunities are offered in the midwifery subdivision, where the student on duty is allowed to perform operations. Rokitansky is entirely relying on his assistant, and is getting indifferent to teaching. Young Jaeger is considered to be a worthy successor to his father, and is producing a magnificent atlas of morbid states of the eye seen through the ophthalmoscope.—*London Lancet*.

*Surgical Operation.*—The newspapers give an account of an operation for osteo sarcoma by Drs. Foster, of Ypsilanti, and Hallowell, of Detroit, Mich. The entire right upper jaw, with the cheek-bone and infra-orbital plate, was removed. The patient gradually recovered from the effects of the chloroform during the dressing of the wound, and was doing well.

*Costly Medicine.*—A London (Eng.) paper says: "The consumption of wines in our public hospitals constitutes one of the heaviest items of their expenditure. The wine account at Guy's Hospital last year was £1083; the spirit account, £376—total, £1459. At St. Thomas's the wine account was £629; spirit account, £521—total, £1150; or £2609 in one year in the borough hospitals alone.

## THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. LVI.

THURSDAY, JULY 9, 1857.

No. 23.

---

### DEATH AFTER TAKING LAUDANUM—POISONING BY ACONITE, BY ALLEGED SPIRITUAL COMMUNICATION.

[Communicated for the Boston Medical and Surgical Journal.]

BY WALTER CHANNING, M.D.

Boston, Saturday, January 24th, 1857.—“About half past eight o'clock, A.M., I was called to visit Mr. —, aged 53. He was in bed as I entered the chamber. He said, ‘Good morning, doctor,’ in his usual manner. I asked what was the matter, and learned that he had not been well for some time, and had passed a very restless night, complaining much of his head and side. At about half past six he had, by advice of one of the family, taken some laudanum to relieve pain, but not enough, as he supposed, to injure him, but fears were expressed that he might have taken too much. On inquiring how much had been taken, and how, I was told he had drunk it from a phial, say one or two swallows, and judging from the quantity left in the phial, he might have taken from three to six teaspoonfuls. I said, as there was some uncertainty about the quantity taken, I judged it proper to give him an emetic. This was objected to by one of the family, as what he had taken could not harm him, and I was desired to give him some medicine which would relieve his head and side. I replied, an emetic would do him no harm, and gave him one which produced full vomiting, the matters vomited smelling strongly of laudanum. A quart or more of warm water was given after the emetic had operated, which was followed by copious vomiting, indicating that the stomach was emptied. The only symptom that might indicate that laudanum had been taken, was a somewhat haggard face, and closely-contracted pupils. It was this last which indicated the emetic treatment. Something was said of a strange feeling in the head, and some pain in the side, already spoken of. Much relief followed vomiting. Mr. — said that he had suffered much from cold feet, and heat of head in the night. In order to prevent any further effects from the laudanum, active cathartics



were given, viz., compound infusion of senna, epsom salts and castor oil. Of this last two ounces were taken at once, with as much lemon juice, a mixture which ordinarily is very active in much smaller quantities. As these did not operate, large and active enemata were administered, without any effect. A blister was applied to the back of the neck, and strong mustard plasters to pit of stomach and to the calves of the legs and feet.

"Mr. — continued in bed through the day from weakness, but was wide awake, attending to much important business with many men, which had been arranged for the day, and from its pressing necessity could not be postponed. And there was nothing in his appearance, or complaints, which made it at all irksome to him. Some friends remained with him through the whole of the day. He remained in bed the whole time, not having risen when they first called on him.

"Between 5 and 6, P.M., I was again called to see him. He was very drowsy, but could be readily aroused. As the cathartics given in the morning had not operated, the enemata referred to above were given, but, as was said, without effect. The mustard plasters were now applied. The skin was moist, the pulse natural, the mind clear; expression, when roused, good. Under these circumstances, I suggested a consultation, and Dr. Channing was sent for."

The above is from the notes of Dr. Newell, the attending physician in this case.

I reached the address between 11 and 12, P.M. Mr. W—— was lying on his back, in profound sleep. His face was placid, and of natural color. The whole expression showed freedom from pain, and that every function was well performed. The eyelids were half closed, the conjunctivæ only visible. This tissue was clear, without any vascular injection. Upon raising the lids, the pupils were seen contracted to a point. This was noticeable, for having been long covered by the lids, dilatation would under ordinary circumstances have occurred, and have remained long enough for notice. This state, so distinctive of the effects of opium, was again and again referred to in later examinations, and it was always present. The jaw was fallen somewhat; another evidence of opiate influence. The skin of the face and head was naturally warm. The respiration was carefully noticed. It was as noiseless as in natural healthful sleep. It could scarcely, if it all, be heard. The intervals were very long, as marked by carefully watching the motions of the chest. By a casual observer, respiration would not have been discovered, and from the perfect stillness of the patient, death might have been supposed to have taken place. There was uniform distribution of heat. At a later period, the nose became cold, pale, and compressed, and the feet were cold. These states were temporary. The pulse was natu-

ral, being between 70 and 80, and not at any time above 84. In strength it was as remarkable for its healthful character as it was for its number.

Efforts were made to rouse the patient, and for a time were successful; so far, at least, as to get answers in monosyllables, protrusion of the tongue, and swallowing. Strong coffee, with lemon juice, and strong lemonade, were given. A weak mixture of aq. ammon., with sugar and water, seemed especially palatable, and produced for a time more perfect consciousness than other drinks; and the smelling of the same medicine, of its ordinary strength as prescribed, did much to arouse the patient. He was taken out of bed, and, supported by two men, was made to walk. This for a time broke the sleep; not by itself, but when aided by very loud talking and other active means. As soon as effort was intermitted, sleep recurred, even when walking. He was at length exhausted, and was placed in the sitting posture on the bed, and means of arousing him were continued. He was now laid down upon the bed. Some impression seemed to have been made, and a hope encouraged that by continued means it might be realized. There had been no urine since the attack. The place of the bladder was occupied by a round, hard tumor, which was supposed to depend upon urine. After strenuous effort, sufficient consciousness occurred to enable us to take the patient up and to place him upon the night chair. About half a pint of urine was passed, and when sufficiently roused to answer, he was asked if he knew of having passed urine; he said, yes. Other questions were asked and answered. More and more difficulty was now experienced in arousing the patient, and at length no consciousness could be produced. He was out of bed, as in this position efforts could be most easily made for waking him. But no effect was produced. He was as still as a statue. The countenance retained the same calm, quiet expression which it had when I first saw him. The breathing could hardly be discovered. Drinks put into his mouth were not swallowed. When they reached the throat, they caused a slight sound of choking, but so slight as to show how little was the remaining susceptibility of impressions from causes which ordinarily produce so much distress. No effect was produced by holding aqua ammonia to the nose. He was placed in the horizontal position, and soon began to snore heavily. The pulse failed in strength, and sweating came over the whole body. The intervals of breathing grew longer. Inspiration was free and continuous; but expiration was embarrassed, consisting of interruptions, there being too little power to complete the process by a single act. Death took place quietly, on Sunday morning.

REMARKS.—Laudanum in an unknown quantity was taken in this case. Thorough vomiting was produced soon after. The first

symptoms of the poisonous effects of opium were very slight. Relief followed vomiting. Between ten and twelve hours passed without any special symptoms. Mr. — was, as we have seen, transacting business for much of the day. Toward evening, sleep came on. There is not the smallest reason to believe that any more laudanum was taken. We are sure there was not. Yet the sleep of opium declared itself, and gradually but surely made progress till it ended in death. Was it strong mental action which suspended that of opium? And is it to the cessation of mental activity that we must ascribe the fatal result? Cases are on record in which some time has elapsed before sleep has come on, and this where the opium has remained in the stomach. But in this the laudanum was thrown from the stomach; nearly twelve hours passed in the exertion of active power in the transaction of important business; and then, the business being done, the sleep of death declared itself. We can only say, as we do of other great mysteries of life, *causa latet, vis est notissima*.

This case has points of special interest. Laudanum was taken as a remedy. It was taken without knowledge of the safe dose of that remedy. It is not a solitary case of the fatal result of such practice, especially upon infants and children. The journals of medicine, and the daily press, give us like cases, and so often as to demand the distinct notice of the physician. Medicines are sent for by patient or friends. The message is misunderstood, and poisonous articles are sent, and taken, in quantities which are necessarily fatal. Cases of this description have been recently published, which show the effects of the practice to be absolutely appalling. In one instance two deaths were produced by the same agent, one of the parties having taken the poison, which had been fatal in the first instance, in order to prove that the article taken in that case could not have been the cause of the death that followed. In my own practice, and within a week, half a wine-glass of medicine was prescribed as a dose. Much relief was reported next day. Quite accidentally it was asked how many doses had been taken. "Only one," was the answer, but that was *half a pint*—the whole which was prescribed. Suppose for a moment that the article used had been at all dangerous in the quantity in which it was taken, death might have been the result. The patient recollected the quantity prescribed, but looked to a larger one for speedier relief. Sometimes mistakes are made by the sick, or friends, as to the dose prescribed. In view of these, would it not be the safer course in all cases in which active medicines are directed, to leave in writing precisely what is the dose, and under what circumstances it may be repeated or omitted? I believe this was formerly more frequently the custom among physicians than it is at present.

Quack medicines deluge the land, and the stomachs of the peo-



ple. The people are to judge how these may be employed. They are often recommended by men, who if they could think for a moment of the evil which may come of their certificates, would be the last people in the world to give them—yes, who would be ashamed of an office which is an insult to the medical profession, and to which profession they or their dupes must and will look for relief from the diseases and dangers which their own folly may have produced. Such men know that a single article cannot be a remedy for many or all diseases. They know that age, sex, profession, climate, habits of life—whatever agencies can influence health or disease—do infinitely modify the same disease, and render it impossible to make such a compound as will meet the demands of such important modifications of maladies. It would almost seem that such persons held the medical profession in such sovereign contempt that it was their special duty to make it contemptible to everybody else. But let these very persons, who have given to the most wretched quackery the whole weight of their character and social position—professional, learned persons—let such be attacked by alarming symptoms which they have created by quack medicines, of the composition of which they know nothing, but which bear their own printed certificate—let such be attacked by symptoms which they feel, and believe threaten life, does their faith remain in the universal cure-all, the panacea? No. These very persons will, at their utmost need, send for a regular physician, and look to him for the removal, the cure, of what these patients have themselves produced.

Since the preceding paper was sent to the press, the following case has come under my care.

Mr. —, aged nearly 40, had chronic dysentery for fourteen months. It was replaced by rheumatism, and this by paralysis. He recently met with a lady who was suffering severely from chronic rheumatism, and who said she had found much relief from an *examining medium*. He asked the lady what physician had appeared on her behalf. She said Dr. —, the same friend of mine who appeared in the cases communicated in my paper on Spiritualism, published in a recent number of the Journal.

Mr. — was induced to visit the *medium* referred to, Mrs. C. He paid the dollar, and the *sitting* began. Paper and pencil were at hand, and he was requested to listen to the oracle. Dr. — being declared present, he was asked what were Mr. —'s complaints. He had "liver"—a tender and inflamed spine, viz., at the lower end of the column, and lame legs. The latter trouble was obvious enough. The diagnosis was summarily settled, and remedies were next demanded. Mr. — was desired to take the pencil, and to write down the prescriptions. They were as follows. The original is before me.

"Arnica plaster across the small of the back."

"One quart of cider;  $\frac{1}{2}$  oz. pleurisy root;  $\frac{1}{4}$  oz. sweet flag; 2-8 oz. aconite root. Stand in the cider four days; then use a wine-glass full three times a day."

"Bathe in warm salt water twice a week, rubbing well."

"Obtain some volatile ointment at William R. Brown's."

"Bottle peach cordial—take a wine-glass full twice a day."

Mr. — said that he had read the recipes and directions again and again to Mrs. C., and she answered him each time that he had written them down correctly.

I was called to see Mr. — June 8th, 1857; found him in great distress. He was sitting, but rose, and attempted to walk. So unmanageable was muscular power, that he could keep in no one direction—throwing his arms and legs about in utter confusion. His face was livid, without expression, and as if dead. It was cold. Sight at times was gone, and when he could see, one person in motion represented many, producing such confusion that he begged every one to remain at rest. The pupils were dilated almost to their edges. Speech was difficult at first, and then became impossible, or so difficult and painful, that he begged not to be spoken to. The jaws were sometimes locked, and the tongue stiff and unmanageable.

Respiration was laborious, and at times seemed impossible, so distressing was the attempt to breathe. Constant demands were made for the fan. The pulse at times could not be felt. When felt, it was slow, irregular, and very small; in number from 20 to 30. It was for some time felt in the right wrist. Its irregularity was singular. Thus, for two or three beats it was regular, then intermitted, then two or three very rapid beats. Sometimes they were between 40 and 50. His natural pulse, in health, was about 80. There was tingling, and the feeling of the limbs being asleep. Slight nausea, but neither vomiting nor purging.

One symptom was specially distressing. This was a feeling as if the abdomen were bound round with a rope, and at the same time a sense of being as large as a barrel, and that it would certainly burst; the abdominal walls being as hard as a board.

I asked for the cause of these symptoms, and learnt that at 7. A.M., he had taken a wine-glass of the aconite mixture. He complained of unusual sensations almost immediately after, but went to breakfast, which was two tumblers of water, and one and a half small *fish-balls*, and a small bit of bread. He found himself more comfortable while walking, and walked to his place of business, a short distance. He attempted to write, but failed, and walked home again. Again he went to his office, his wife with him, but having entered the street door, he could proceed no farther, and sat down. His wife called a friend down, and he walked home again. He was

barely conscious of doing this; he knew he was on the sidewalk, but did not see it. Upon reaching his house, some brandy was given to him, and I was sent for. I was told that the wine-glass of medicine contained much of the powder which was put to the cider. This last had fermented, and the powder had been forced up by the process, and remained suspended in the froth which filled the neck of the bottle.

Such were the symptoms, and such was the poisonous mixture swallowed immediately before their appearance. The sufferer said he was dying; and no one, having seen and examined him, could much question what he said.

An emetic of wine of ipecacuanha and sulphate of zinc was given, which in a few minutes produced thorough vomiting. The quantity ejected was very great. The matter vomited, a cream-colored, gruel-like fluid. Warm water was next given, which some time after was vomited. Mr. — expressed some relief, as soon as as he could say anything. It was vision which first improved. "I can see the light; I can faintly distinguish objects." Great pleasure was expressed at the change. Still, there was scarcely any pulse—in the left wrist none could be detected, and the coldness continued. Brandy was in constant use, the glass being carried to his mouth, he being incapable of holding it. At length re-action began to declare itself. He became conscious of being cold, and stopped the fan, and begged that the windows might be closed. The pulse in the right wrist became more distinct, and occasionally it was perceived in the left. It was irregular after a singular manner. Thus, for two or three beats it was regular, then two quick beats, and a pause. When the pulse could be counted, it was between 45 and 50. Mr. — said his pulse in health was between 80 and 90. Said he, "I am now conscious of the motion of the blood in my veins. It seems as if it was slowing passing through them." The abdominal muscles at length began to relax. Some color returned to the lips, and warmth to the head. But in these three last particulars, re-action latest appeared. At noon Mr. — was found very comfortable.

Some of the symptoms of poisoning by aconite were wanting. There was no vomiting or purging. There was, or had been, some nausea, but this was not felt when Mr. — was first seen by me. Nearly three hours had passed since the poison was swallowed, and fatal symptoms were fearfully present. They disappeared under the treatment employed.

June 9th.—Called on Mr. —. He had gone to his office, and, except weakness, was reported well.

June 10th.—Mr. — called upon me, and stated some facts not before known by me. Among other things he gave me an account of his visit to the "examining medium," and gave per-



mission to publish his name and that of the "medium," if it would do anything to check this wide-spread and most dangerous form of delusion and imposition.

The prescriptions of my late friend Dr. —, as reported in my paper on Spiritualism in a late Journal, were at least innocent. "To sit in the sun, and drink no wine," and simple herb teas, could hurt nobody. Whose spirit it was which appeared to Mrs. C. when Mr. — was prescribed for, I do not know. It is pretty clear he came very near killing his patient. And a question may arise, what would have been done had death, so fearfully near, occurred.

The writer does not flatter himself that he can prevent resort to such dangerous impostors by giving names, arguments, or dates; or that these persons would withdraw from a business which is reported to be remunerative almost beyond any other. He has attempted in his communications on Spiritualism to state facts, and to leave the subject to those who may read them.

## DOUBLE VISION TREATED BY TENOTOMY.

BY J. F. NOYES, M.D., OF CINCINNATI, OHIO.

[Communicated for the Boston Medical and Surgical Journal.]

Two years ago, Miss E. C., æt. 45, of Norridgewock, Me., while riding, was thrown from a sleigh, struck the right side of her forehead against a piece of ice, and was severely stunned. On recovery, she was surprised that every object seen about her appeared to be double. This double vision continued, rendering her melancholy, and very much embarrassing her in moving about and in performing most kinds of labor.

A few weeks since, while visiting Waterville, the patient applied to me for advice. Nothing abnormal was observed at first about the eyes, save that when casting or rolling them downward, the pupil of the left did not drop quite so low as that of the right. Conducting the examination more carefully and thoroughly, by taking the patient into a darkened room and holding a red glass before either eye, the relative position of the red and white flame of a taper was clearly made out. From a straight forward or horizontal plane, as the patient looked upward, they neared each other; and on looking downward, they widened apart. Now by placing a prismatic glass before the left eye, with the apex downward, the red and white flame was brought together; in other words, the patient saw single.

From the examination thus conducted, it was evident that the difficulty resided in a permanent contraction of the rectus inferior muscle of the left eye, produced by the fall or injury. Accordingly, tenotomy was advised as the only means of affording any relief.

On the following day the operation was performed, and resulted in an immediate and permanent cure.

### AMYLENE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Permit me to communicate and record in your pages the following successful case of the administration of the new anæsthetic agent, *Amylene*.

Having been called upon, this morning, to remove the nail from an extensively diseased and sensitive toe, I determined to try the effect of Amylene. My patient was a female, of plethoric habit and good constitution. I administered about three drachms of amylenes, using the improved French inhaler, with my patient lying on her back. She was made completely insensible in about two minutes, and the nail removed without the slightest sensation of pain. The patient was not asleep at any time during the operation, but occupied herself in an examination of the inhaler. On the discontinuance of the inhalation, she recovered sensation almost immediately. The pulse was but slightly accelerated, and no coughing nor vomiting ensued; in short, not a single unpleasant symptom manifested itself either during or succeeding the operation.

Some weeks since, I had removed the nail from the large toe of the other foot, and in that instance was obliged to administer some four ounces of sulphuric ether before insensibility could be induced.

This case affords me much pleasure on account of its perfect success, and in permitting me to record, I believe, the *first successful attempt* of the administration of amylenes in this country.

It is due that I should state that the amylenes used, in this instance, was sent me from London, through the politeness of Dr. Snow, of King's College Hospital, from the laboratory of Bullock and Reynolds.

Yours, respectfully, JOHN G. ORTON.

*Binghamton, Broome Co., N. Y., June 26th, 1857.*

### LARGE QUANTITY OF LIQUOR AMNII; DROPSICAL FŒTUS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I herewith send you a case, which you can publish if you think proper.

On the fifth of June, 1857, I was called to a negress, aged 25, the mother of three children. The old woman in attendance informed me she had been three days in labor—the pains were slight. The patient had a brown tongue, frequent pulse, and was very

restless. On placing my hand on her abdomen, I found it enormously large and very tense; the uterine tumor presenting a perfectly even surface, as of a bladder filled with water. By the touch I found the os uteri considerably dilated and very dilatable, the membranes protruding and very tense. Believing the feebleness of the pains and delay in the labor were caused by the great quantity of liquor amnii, and by the toughness of the membranes, I with some difficulty cut through them with my finger nail, when a considerable quantity of water escaped. The pains now became strong, and the labor advanced rapidly. The presenting part I could not at first make out; it felt doughy, and completely filled the uterine orifice. I therefore concluded it was the head, though I could feel no sutures. The child was expelled in twenty minutes after rupture of the membranes, with the vertex behind. An enormous quantity of water followed the foetal expulsion. It reminded me of the rush of water on hoisting a sawmill gate. It ran through the bed and over the floor in all directions. I thought the child felt very rigid, and on bringing it to sight, I found it completely anasarcaous from head to foot. The distension was so great that I could bend its body and neck but very little. There were several blisters on its arms. The child made a few ineffectual attempts at breathing, and then died. It seemed to die from inability to expand the lungs. A *post-mortem* examination was not made.

Did the rigidity and shortness of the child's neck produce the rather unusual position of the forehead to the pubis? Did the large quantity of liquor amnii make the foetus dropsical?

I believe Madame Boivin met with but two such positions in 19,584 vertex presentations.

GEO. M. DEWEY.

*Keytesville, Chariton Co., Mo.*

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

CHARLES D. HOMANS, M.D., SECRETARY.

Dr. DURKEE exhibited a case of *Impetigo Figurata*, the subject being a boy, 12 years of age; duration of disease, four years; situation, left cheek, both lips and chin. The case had been under his care for two weeks, having previously been treated by other physicians.

*Treatment.*—Locally, he had applied, at first, the ointment of the impure carbonate of zinc, one half its usual strength, with tinct. benzoin. comp., one drachm. This having seemed too irritating, he had substituted the following, under which there had been manifest improvement. R. Hyd. nit. mit., ℥ijj.; plumbi acet., gr. xvi.; ung. aq. rosæ, ℥i. Fiat ung. M. The constitutional treatment had consisted of two grains of iodide of potash in syrup of yellow dock root (*rumex crispus*). He means to use arsenic in the form of the arseniate of iron, one-twentieth of a grain three times a day.



*Use of Arsenical Preparations.*—Dr. J. M. WARREN asked Dr. Durkee what danger there was in the long-continued use of arsenic? He said it was a very valuable remedy in diseases of the skin, and used to a very great extent. He would like to know if there was danger of evil effects in small doses, followed up for a long time?

Dr. D. said he had had considerable experience in the use of this drug; for the last ten years he had used the Asiatic pill more than any other of its various preparations, each pill containing one-fourteenth of a grain of arsenic. His custom is to give one pill with the food, once a day, after breakfast, for twenty days, then omit for four or five days and resume as before. This plan has been pursued for a whole year at a time without bad effects. He mentioned an instance of a gentleman, who, suffering from an obstinate disease of the skin, had taken the Asiatic pill as above directed for six months. At this time he complained of a peculiar prickling sensation in the muscles of his forearms, which, increasing during ten or twelve days, by Dr. Durkee's advice he omitted the arsenic for ten days with complete relief, and then resumed and continued its use for fourteen months. This was the only case he had met with in which there had been any bad effects arising from the use of this preparation. Dr. D. had known of patients taking thirty drops of Fowler's solution (liq. pot. arsen.) a day for six weeks without harm. Infants of from six to ten months old, can take this preparation in a dose of a half to one drop once a day, with good effect. Latterly Dr. Durkee had used the arseniate of iron, and was much pleased with the results obtained by its use; he had first seen it described in the London Lancet a year and a half since, as recommended by the French: it can be used for any length of time without doing harm. The following is Dr. D.'s formula:—R. Ferri arsenic., grs. iij.; ext. gent., ʒij.; glycyrrh., ʒj. M. Ft. pil. no. 60. Dose, one pill three times a day. Great stress is laid in the books on the caution to be used in the employment of arsenic, but, administered on the plan described above, Dr. Durkee had found no trouble with it. In this connection, he remarked he liked very much Hunt's admirable treatise. Arsenic is the great remedy in diseases of the skin, if patients are in proper condition to take it. In plethoric subjects its use might be too stimulating to the stomach and capillaries.

Dr. J. M. Warren said he had been giving Fowler's solution to a young lady of fine personal appearance, with a disease of the skin of seven years duration, and very intractable. He commenced with giving three drops a day, and gradually increased the dose. At the end of three weeks her eyelids were swollen, and the arsenic was omitted for a few days. The affection of the lids passed off, the remedy was resumed, and she now has taken it for four months with manifest improvement.

Dr. W. had seen a report in the Journals that arsenic is eaten habitually by young girls in some parts of Germany to make them more plump and to clear the complexion, and that on leaving it off the health is lost. It is also used by jockeys to make their horses seem more plump and sleek. Dr. Simpson, of Edinburgh, prescribes arsenic very freely. Dr. W. saw a patient who had taken two drops at a dose, daily, for two years. He considers it a very valuable remedy.

Dr. MORLAND asked Dr. Durkee if he had found nausea and diar-

rhœa ever follow the use of the Asiatic pill in his practice. He had had a case of the kind himself.

Dr. Durkee had never seen any thing of the kind ; he asked how often the pill was given ?

Dr. Morland said that two pills a day were given.

Dr. Durkee had seen, in consultation with Dr. Jackson, a patient over 70 years of age, who had taken three pills a day for several weeks ; some itching of the eyelids supervening, they were omitted and resumed after a few days. Dr. D. thought one pill a day enough, when arsenic is to be taken for a long time. It is a remedy that must be continued for some time ; its action is slow, but certain.

Dr. J. M. Warren thought the proper time for its administration was after eating, and not before ; as then it was less apt to cause disturbance in the digestive organs.

Dr. Durkee agreed to this. He said that after eating, it would be sooner absorbed into the system.

Dr. BUCKINGHAM had seen the article referred to by Dr. Warren, concerning the use of arsenic by young women in Germany. It was stated that it was necessary to follow it up when once begun, as fatal results are apt to follow its disuse. He thought the article was a hoax. He asked if any gentleman knew whether it was true or not ?

Dr. ELLIS said it had been contradicted.

Dr. J. M. Warren said that his motive in mentioning it, was to ascertain if there was any foundation for the report.

*Painful Joints.*—Dr. LYMAN reported five cases of great pain in joints, coming on suddenly and disappearing quickly, unattended by fever or redness.

The first occurred in himself. He had had, previously, two attacks of what was said to be rheumatic gout. One morning, on getting into his chaise, he knocked his foot with his weight ; at the time, he thought but little of it, but kept on doing his business. On returning home in the afternoon, he noticed some tenderness about his foot, and soon after was attacked with most intense pain in the joint, lasting from four to five hours ; there was no heat or redness. He applied a fomentation, and in a few hours was relieved.

The second case occurred in a gentleman who was attacked suddenly with pain in the knee, without any previous injury to the part. The pain lasted for several hours. The patient took an opiate, applied a fomentation, and was well the next day.

The third case was that of a gentleman who was seized suddenly with agonizing pain through the wrist-joint, without known cause, and unattended with redness, heat or fever. This was relieved by a fomentation.

The fourth case was that of an old gentleman from New Hampshire, who passed a night of great agony from pain in his foot, without redness, heat or fever ; he was a temperate man, and had never had rheumatism. The attack went off after thirty-six hours, leaving œdema for two weeks.

The fifth case occurred in the son of the preceding, who, in the evening, having been perfectly well all day, was suddenly seized with acute pain on the radial side of the wrist, extending to the thumb-joint. This went off after an opiate and a fomentation.

Dr. Lyman said he had never before seen such cases.

Dr. C. STEVENS said he had met with a similar case. The patient was a lady in middle life, of rheumatic diathesis. She had had several attacks of severe pain in the hand, once in the ball of the thumb, coming on suddenly, and always passing away after a fomentation. They were attended with a livid spot.

Dr. G. S. JONES reported two cases which he considered as resembling those of Dr. Lyman. The first occurred in a gentleman who suffered from great pain in the knee for two days, which yielded to the influence of opium and soap liniment. The second occurred in a man who fell and forcibly flexed his knee; he had no pain till night, when it was excruciating—yielding, however, at once, to a fomentation.

Dr. Lyman remarked that cases of rheumatism passing off in two or three days, were not uncommon; but in the cases that he had reported, except his own, the pain had come on without cause; there was no fever, no heat, and there had been no previous rheumatism. Such cases were not described in the books.

The President said that attacks of rheumatism sometimes came on very suddenly. He had seen, in Dupuytren's ward, in Paris, a child brought in, whose head had become suddenly fixed while putting on his shirt. Rheumatism was diagnosed, and the boy soon recovered. He had seen the same thing produced suddenly in a lady, which passed off after three or four days.

Dr. Lyman said his points were the sudden access, freedom from fever, and quick subsidence of the attack.

Dr. CORNELL said he had been called to see a pregnant woman in the absence of her physician, who had had, for several days, pain in the lower part of the abdomen, extending through the hip, coming on about the same time every day, and always apparently relieved by morphia. Her physician told him afterward, she had had about twenty attacks; they came on suddenly, and went off as suddenly; they seemed to be neuralgic.

Dr. Lyman said that every person has seen cases of neuralgia which come and go suddenly, but he had never known it to affect the joints in the way he had described. In neuralgia and rheumatism the attacks are repeated; in his cases, there had never been but one attack up to this time.

*Convulsions in acute Tonsillitis.*—Dr. PARKS referred to the remarks on tonsillotomy in the Records of the Medical Improvement Society. He said he had seen several cases of convulsions in acute tonsillitis in children, sometimes in repeated instances in the same patient, and not occurring at any other time.

Dr. KEEP asked Dr. Parks if the convulsions attending tonsillitis came on during sleep, or when the child was awake? He knew of a case where convulsions came on during the night time, and were supposed to be owing to obstruction to the respiration.

Dr. Parks replied that in his cases they had occurred while the children were awake, and the tonsils were not particularly large. He ascribed it to reflex action.

Dr. AYER reported a case of *anthrax* on the back of the neck. When first seen it was as large as a dollar, and there were several openings. He made a crucial incision on the 8th of April, seventeen days ago, and the disease had much extended since then, now reaching from ear to ear, and measuring in its vertical diameter eight inches. The whole



has a honey-comb appearance. Dr. A. had made many lateral incisions whenever it seemed necessary. The patient is now taking wine, porter and quinine, and seems to be doing well. This is the largest carbuncle he has ever seen.

Dr. WARREN had had a case under his care resembling Dr. Ayer's. The diameter of the carbuncle was five inches. He had made an incision with an amputating knife to the base; no pus followed; the cut surface presenting a marbled appearance. The centre soon sloughed out. The patient was immediately relieved by the incision, and was nearly well in fourteen days. He said there was a sensation as if a red-hot iron was in his neck before the incision.

Dr. Ayer asked if it was disposed to extend.

Dr. Warren said it was not.

Dr. A. said in his case there had been great extension of the disease. He thought he had stopped it by painting with iodine all around it, which he had done for the past few days. It now seems gangrenous in the centre.

### Bibliographical Notices.

*Fourteenth Report to the Legislature of Massachusetts relating to the Registry and Returns of Births, Marriages and Deaths in the Commonwealth, for the year ending Dec. 31, 1855.* By FRANCIS DEWITT, Secretary of the Commonwealth. Boston: William White, Printer to the State. 1857. 8vo. pp. 272.

THIS is a well-printed octavo, containing a large amount of statistical information, not merely interesting and curious, but of the highest practical value. Compiled at great expense, and with vast labor, it is worthy of the efforts which have been made to present it to our citizens and to the world, for its value is by no means confined to this State, or to this country. We have before had occasion to notice favorably the annual return of the Massachusetts Report. It gives us pleasure to say that the present volume is inferior to none of its predecessors in accuracy or extent; on the contrary, great pains have been taken to render it still more worthy of confidence, and still more useful. The Report, like those for the three preceding years, has been prepared by Dr. NATHANIEL B. SHURTLEFF, whose familiarity with the subject, and whose well-known accuracy and industry, peculiarly fit him for the task. Dr. Shurtleff says:—

“An examination of the abstract and tables which precede these remarks, will show conclusively that much care has been taken in their preparation, by the persons upon whom it has fallen to perform the laborious and tedious duty of eliminating from the extensive collection of returns made to the Secretary of the Commonwealth, the proper facts, and of disposing them when obtained into a convenient form and lucid arrangement for easy reference. Many months of labor, of the most wearing and perplexing character, are devoted by several clerks, to the examination of the returns, and in making abstracts of the required facts, and also for blending them together so that they can be useful to statistical inquirers. A consideration of this will lead to an acknowledgment that the task has been performed in an un-

commonly creditable manner. Too much praise cannot be bestowed for the general accuracy of the work, and for the admirable manner in which it has been performed and adapted to use. The tables of the Massachusetts Registration Reports exceed in number those of any other similar document, on the same subject, issued by legislative authority in the United States, and consequently are of much value as forming the basis of the valuable calculations on vital and mortuary statistics in this country."

It is gratifying to learn that the returns of births, marriages and deaths have, in most instances, been forwarded to the Secretary's office with punctuality by the several town clerks and registrars, and in a few instances only has there been culpable neglect during the past year. Nevertheless, there is room for greater accuracy, particularly in respect to the causes of death, common expressions and terms for distinguishing diseases being often used indiscriminately. Such names as consumption, dysentery, disease of the bowels, teething, cholera, canker, inflammation of the bowels, are often applied, with insufficient care, to diseases which might easily be distinguished by an appropriate name. Appended to the Report is the statistical nosology recommended by William Farr, Esq., M.D., the Registrar General of England, which has been adopted in Great Britain and on the European continent, and has also been used in the present volume. It will enable clerks and registrars to adopt uniformity, in their returns, and at the same time tend to render the statistics more accurate. We have frequently before alluded to the importance of this subject, and pointed out the only certain way of insuring accurate returns—namely, by requiring certificates of the cause of death from physicians, instead of undertakers.

We wish that our space permitted us to quote more of the interesting results which are set forth in the present report, but limited as we are to a mere notice of the work, we must confine ourselves to a few facts only. In regard to *births*, it appears that the Massachusetts tables invariably show a considerable preponderance of males over females, contrary to what is usually believed to be the case, especially in foreign countries. Thus, in a range of seven years, ending with 1855, the aggregate per centage of males was 51·33, and that of females 48·16, while 51 per cent. were of unknown sex. By counties the same fact is seen, for, in every county in the Commonwealth, the result of seven years shows that more boys have been born than girls. It is believed that this is true of the births throughout the United States. From the table of births arranged according to months, it appears that the largest number occurred in August, September, July, October, November and December, in the order mentioned: while the fewest number was recorded in January, February, May, April, June and March. There is no doubt that there is a large deficiency in the returns of births, and we believe the physicians of our State might contribute much to the accuracy of the Reports by returning to the proper officers the births which come under their cognizance.

The average *duration of life* during the year 1855, was 27·43 years for the whole State; but for the County of Suffolk it was only 19·85, because a larger proportion of children die in the Capital than in other parts of the Commonwealth. The greater number of deaths occur-

red in the months of September and August, confirming the opinion based upon former reports, that these months are the most sickly in Massachusetts. June was the healthiest month, and November ranked second in this respect.

Among the *causes* of death, Phthisis, as usual, is pre-eminent, having caused, during 1855, 22.61 per cent. of all the deaths from assigned causes. More than half of the deaths from this cause occurred in subjects between the ages of 15 and 40. The disease was most fatal in the counties of Middlesex, Suffolk, Essex and Worcester, and least so in the counties of Dukes and Nantucket, Franklin, Berkshire, Hampshire and Barnstable. Next to Consumption, more persons died from *Dysentery* than from any other known cause, and this disease occasioned 5.38 per cent. of all the deaths during the year. The number of deaths from *Cholera Infantum* show an increase from the previous year of 218. It was most fatal during August, September, July and October. The disease was most prevalent in Suffolk and Middlesex, although it exhibited a large mortality in Worcester and Essex. "Undoubtedly," says Dr. Shurtleff, "many classed as having died of Diarrhoea and Dysentery should have been set down as among those who fell martyrs to this disease"; Dr. Edward H. Parker, whose views upon this subject we quoted in our last number, would have said just the reverse. We do not find another opinion of Dr. Parker, that the disease is as common in the country as in cities, confirmed by the Massachusetts Report. A table is given, showing the proportion of deaths to the number of inhabitants in each county. From this it appears that *Cholera Infantum* is most fatal in those counties which contain the largest cities or manufacturing towns—thus observing the following order among the counties: Suffolk [Boston]; Middlesex [Lowell]; Worcester [Worcester]; Norfolk [Roxbury, which may be considered a suburb of Boston]; Essex [Lawrence, Salem]; Hampshire [South Hadley]; Hampden [Springfield]; Plymouth; Bristol [Taunton, Fall River, New Bedford]; Barnstable, Berkshire, Franklin, Dukes and Nantucket.

A table giving the occupations of such as have deceased, shows that seamen have attained the greatest age, and that the other classes of occupations occur in the following order: agriculturists, professional men, public men, mechanics, laborers, merchants and paupers (who have usually taken the lead in the list). From a table furnished by the Registrar of the city of Boston, we notice that the average ages of lawyers was 60.20; of clergymen, 53.80; of physicians, 49.80. Next to lawyers come "gentlemen" (59.83), merchants (58.81), and farmers (57.12). The lowest average is that of curriers, which is 28.50. "The abstract has been extended to such length by accumulated results of registration, that it can now furnish data for very interesting facts and extended calculations."

In concluding this brief notice of so important a work, we recommend it to the attention of our readers, and of all who are interested in life insurance, public hygiene, sanitary improvement and vital and mortuary statistics, with confidence that it will be highly appreciated.



---

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

---

 BOSTON, JULY 9, 1857.
 

---

## DR. NEWMAN'S CASE OF PUERPERAL PERITONITIS.

As we have always endeavored to be guided by principles of strict justice in our capacity as conductors of a public journal, it has been also our aim to allow those whose character or conduct has been impeached by any statement which may have appeared in our pages, an opportunity of reply. It is obvious, however, that to allow a lengthy correspondence, with all the assertions, replies and rejoinders which are common in any dispute between two individuals, to be published in the Journal, would be to divert our periodical from its function of imparting medical information, to that of furnishing an arena for dispute between parties, and on subjects which are matters of interest to only a very small number of its readers. The difficulty is greatly increased when, besides the principals, a number of collaterals are engaged in the controversy. We have received several letters from Dr. Newman, Dr. Sanford and Dr. Bronson, in relation to the case of puerperal peritonitis, which we printed Dec. 4th, 1856, and in the treatment of which these gentlemen were concerned, with the request that they might be inserted in the Journal. As the correspondence would greatly exceed the limits we have set for such matters, we must decline doing so, and we may add our opinion that none of the parties concerned would be benefited by it. Of the main questions the medical public can easily judge: What effect is homœopathic treatment likely to have upon a case of puerperal peritonitis? If in the course of the treatment of a case, the attending physician is dismissed, another called in who adopts a new line of treatment, then the first practitioner re-instated, to be again finally deposed, what is likely to be the fate of the patient? Why he will have about as much chance to recover, so far as treatment can influence the case, as a republic of Central America, after a series of revolutions, can have to be restored to a state of political health. The friends of the patient must bear the chief share of the blame. To make such a radical change as that from regular medical treatment to homœopathy, in a dangerous disease like the one in question, could hardly fail to be attended with disastrous consequences, whatever might have been the issue had the original direction of the case been continued.

We believe that the following statement embraces all the facts of importance connected with the treatment.

The case was originally under the care of Dr. A. Newman, then of Attleboro', who had also attended the patient through a severe attack of peritonitis two years previously. Dr. J. R. Bronson was associated with Dr. N., and Dr. S. Clapp, of Pawtucket, also saw the patient in consultation. On the fourth day, Dr. Sanford, a homœopathic practitioner, was called in. Dr. Newman, however, continued to see the patient, in order to watch the progress of the case. The next day the patient refused to take any more homœopathic medicine, and Dr. N. again resumed the charge of the case. Two days afterward,

homœopathic treatment was again adopted, and continued until the death of the patient, ten days after delivery. At the close of Dr. Newman's report, we expressed the opinion that the result might have been different had the physician first in charge been allowed to attend the patient uninterruptedly.

In April, 1857, at least five months after the case was printed, and also after Dr. Newman had left Attleboro' for Lawrence, K. T., where he is now settled, we received a letter from Dr. Sanford, complaining that we had reflected upon his treatment of the case, and stating the share which he had had in it. The letter being long, and the subject not being one in which our readers were likely to be interested, we declined publishing it entire, but printed, out of justice to Dr. S., such extracts as contained his statement of facts. We also wrote a letter to Dr. Sanford, explaining our reasons for this proceeding. Dr. S., in a letter, expressed dissatisfaction that we prefaced his statement with the charge that his language was exceptionable, and demanded that in justice the exact language which he used should be printed, together with the remarks which we had appended to the original report. As we did not see any reason for complying with this request, we declined doing so.

Still later, we received a letter from Dr. Bronson, denying that either Dr. Clapp or himself had given an unfavorable prognosis, and stating that an obvious amendment took place on the morning of the 18th. He desired us to print this letter, in justice to Dr. Clapp and himself. We wrote to Dr. Bronson, that the subject had already occupied a large space in the Journal, and that we did not think it right to print it, to the exclusion of matters of more general interest, at the same time assuring him that in our opinion, neither he nor Dr. Clapp could suffer in the estimation of those whose opinion was worth having, from their connection with the case.

Lastly, Dr. Newman has sent us a communication, under date of June 15th, denying the statements of Dr. Sanford contained in the Journal for May 7th, with the request that we would publish the whole or none of it. Even if we could afford space for Dr. Newman's letter, we should feel bound to decline printing it by the same reasons which induced us to withhold the others which have been received in relation to this subject.

---

*Ohio State Medical Society.*—The twelfth annual session of the Ohio State Medical Society was held on the 2d, 3d, 4th and 5th of June, at Sandusky. The number of delegates in attendance was 130. Dr. Isaac J. Hays, of Philadelphia, and Dr. J. C. Blackburn, of Kentucky, who were present, were elected honorary members of the Society. Dr. B. Tilden was chosen President. Many interesting reports were presented, and were referred to the Committee on Publication. Dr. Holston related a case of death which he thought could be traced to the action of veratrum, and expressed his doubts of the safety of using this article as a remedial agent. The only effect produced by it in his practice was the reduction of the pulse. Dr. Harmon had found it beneficial; but Dr. Brennan considered a general prostration the only result. Dr. Hays, by request, gave his views to the Society in regard to the treatment of chilblains, frost-bites, &c. In the course of his remarks, he said that in the expedition to the Arctic regions with Dr. Kane, he had never seen a case of tubercular disease among the natives, and heard of but one case of hæmorrhage from the lungs. "If he had a consumptive patient, he would send him to Greenland, if possible, and put him upon train-oil diet, with a dog sledge and a bear hunt for exercise."

*Appointment of Dr. McClintock to the Blockley Hospital.*—Dr. James McClintock, of Philadelphia, was expelled from the American Medical Association at its annual session, held at Detroit, in May, 1856, "in consequence of his having abandoned the ranks of the profession, and assumed the degrading position of a manufacturer and vender of empirical and secret medicines." Recently Dr. McC. publicly renounced his connection with the sale of nostrums, and published in full his formulæ for the different medicines in which he has been dealing. We learn by a circular from the College of Physicians of Philadelphia, that Dr. McClintock has been elected to the office of Chief Resident Physician to the Blockley Hospital, having been recommended by some of the profession in that city and in New York. In consequence of what was considered an insult to the profession, the entire professional corps attached to the institution have resigned their respective posts. The College of Physicians publishes a series of indignant resolutions at the conduct of the Board of Guardians of the Poor, who elected Dr. McClintock, which every respectable member of the profession, we should suppose, will echo.

*New Orleans School of Medicine.*—We learn that Dr. A. Foster Axson has been induced, from considerations of a purely personal nature, and relating to the state of his health, to resign his situation as Professor of Physiology in the New Orleans School of Medicine. Dr. Anthony Peniston, who has been elected in his place, will repair to Paris, to spend the summer with his former teachers, Bernard and Robin, before commencing his course of lectures. Dr. Theodore S. Clapp succeeds Dr. Peniston as Adjunct Professor in the same school.

*Wholesome Bread.*—A large company has been formed in London for the manufacture and sale of perfectly genuine flour and bread. A mill of enormous capacity has been secured, and the dough will be kneaded by machinery, exposed to public view while in full operation. All the analytical arrangements will be under the immediate personal supervision of Dr. Hassall. A capitalist, an experienced miller, is so confident of the commercial success of the company, that he has engaged to embark in it no less than fifty thousand pounds.

*The Medical College of Ohio and the Miami Medical College, of Cincinnati,* are hereafter to be united—or, rather, the latter ceases to exist, and Drs. Judkins, Comegys, Foote and Mendenhall, four of its professors, take chairs in the former. Various improvements are contemplated in the consolidated school.

*Health of the City.*—The number of deaths during the past week is the smallest which has been recorded in Boston for a long series of years within the same period of time. It is 16 less than were reported during the corresponding week of 1856. We notice 4 deaths from scarlatina, 3 from pneumonia, and 3 "puerperal." The numbers from these causes for the same week last year were 8, 1 and 1.

*Books and Pamphlets received.*—Principles of Medicine, by Charles J. B. Williams, M.D., F.R.S. A new American, from the third and revised London edition. (From Blanchard & Lea.)—Manual of Physiology, by William Senhouse Kirkes, M.D., &c. New and revised American, from the last London edition. (From Blanchard & Lea.)—Address introductory to the third course of lectures in the Atlanta Medical College, by J. Boring, M.D., Professor of Obstetrics.—Valedictory Address before the Female Medical College of Pennsylvania, by Edward Fussell, M.D., Professor of Obstetrics, &c.—Annual Circular of the Trustees and Faculty of the Medical College of South Carolina.—Eighth Annual Announcement of the Female Medical College of Pennsylvania.

*DIED.*—In Dorchester, 5th inst., of typhoid fever, Albert Everett Stetson, M.D., aged 32.—In Brimfield, 4th inst., Ebenezer Knight, M.D.—In Cincinnati, June 9th, Dr. Wm. Wood, in the 50th year of his age.

*Deaths in Boston* for the week ending Saturday noon, July 4th, 42. Males 23—Females, 19.—Accident, 1—inflammation of the bowels, 2—congestion of the brain, 1—consumption, 8—convulsions, 2—dropsy, 1—dropsy in the head, 1—drowned, 1—debility, 1—infantile diseases, 4—puerperal, 3—exhaustion, 1—typhoid fever, 1—scarlet fever, 4—rupture of the intestines, 1—disease of the heart, 1—inflammation of the lungs, 3—palsy, 1—pleurisy, 1—syphilis, 1—teething, 1—unknown, 1—whooping cough, 1.

Under 5 years, 15—between 5 and 20 years, 4—between 20 and 40 years, 10—between 40 and 60 years, 11—above 60 years, 2. Born in the United States, 29—Ireland, 6—other places, 9.



*Apparatus for Fractured Clavicle*.—Note from Professor Hamilton.—MESSRS. EDITORS,—The use of a T splint, as a means of securing a broken clavicle in place, is certainly as old as the days of Heister, who, in his great work entitled "*Institutiones Chirurgicae*," published at Amsterdam in 1739, has given a description and an engraving of this apparatus, as it was then used by himself. It is thus described at page 210 of volume I.

"Fig. 13. A cross made of iron, or steel, in the form of the letter T, useful for retaining a broken clavicle in place. AA. Transverse piece, to which are fastened iron rings to keep the shoulders firmly back. B. Vertical piece, descending along the back. C. Foramen at its lower extremity, through which bands are to be passed, which are then brought around the waist and tied in front."

At page 193 of the same volume he remarks that the bands which encircle the shoulders may be made of iron or leather, and so constructed as to be enlarged or reduced. The whole apparatus is to be lined with cloth or leather.

Heister, however, does not claim for his apparatus any very extraordinary capacities. He declares that it is very difficult to keep the bones in place; and having explained why this should be so, he adds, "*Adeoque mirum non est, si claviculæ ossa vel infirma valde post ipsam glutinationem quam sæpissime inveniuntur.*"

In the first part of my Report to the American Medical Association on "Deformities after Fractures" (see Transactions for 1855, page 407, Case 34), will be found a description of a similar apparatus, which I had constructed for a gentleman having a broken clavicle, but which upon a fair trial failed entirely to answer any useful purpose.

I believe that were surgeons to cease inventing apparatus for broken clavicles, and return to the simple method recommended by Hippocrates, and adopted by both Celsus and Dupuytren, viz., to lay the patient horizontally upon his back, they would save both themselves and their patients much trouble, and obtain much more satisfactory results. Such, at least, has been my own experience of late: and I observe that it corresponds with the experience of Drs. Eastman, of Broome Co., N. Y.; Eve, of Nashville, Tenn.; Buck and Post, of New York.

Buffalo, June 20th, 1857.

Very truly yours, FRANK H. HAMILTON.

The New Hampshire State Medical Society held its sixty-seventh anniversary at Concord on the 2d of June.—Dr. Francis P. Fitch, of Amherst, presiding. Thirteen new members were admitted. The annual address was delivered by the President, and papers were read—by Dr. Hubbard on Surgery, Dr. Pray on Nursing Sore Mouth, Dr. W. W. Brown on Practical Medicine, Dr. T. H. Marshall on the Contributions of Quackery to Medical Science, Dr. Fernald on Epidemics, and Dr. W. H. Thayer on Obstetrics and Diseases of Women. Dr. George B. Twitchell, of Keene, was chosen President; Dr. Noah Martin, of Dover, Vice President; Dr. Harrison Eaton, of Merrimack, Secretary; and Dr. Luther M. Knight, of Franklin, Treasurer. The meeting, as stated in the *New Hampshire Journal of Medicine*, was fully attended.

*U. S. Army Medical Staff*.—The examining board of military surgeons recently convened at New York, has reported to the War Department the names of the following gentlemen, as qualified for appointments in the medical staff of the army: Robert Bartholomew of Maryland, Joseph C. Bailey of Pennsylvania, J. Cooper McKee of New York, Kirly Ryland of Missouri, William A. Carswell of South Carolina. The following appointments and promotions have been made in the army medical staff since the publication of general order No. 10, of September last.

*Appointments*.—Charles T. Alexander of Arkansas, Bennett A. Clemens of New York, and Lewis Taylor of Pennsylvania, to be assistant surgeons.

*Promotions*.—Passed Assistant Surgeons Thomas C. Madison and Joseph K. Barnes to be surgeons. Assistant Surgeons Archibald Taylor, George Suckley and De Witt C. Peters have resigned. (General Order, No. 7, June 1st, 1857.) Captain P. M. Henry has resigned his office in the bureau of the Surgeon-General.—*Virginia Medical Journal*.

The *Philadelphia Medical and Surgical Journal* has closed its fifth volume, and its editor, Dr. Bryan, announces his intention to discontinue its publication.

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. LVI.

THURSDAY, JULY 16, 1857.

No. 24.

---

EXPERIENCE IN HOMŒOPATHY.

[Communicated for the Boston Medical and Surgical Journal.]

It is frequently asserted by the advocates of homœopathy, that physicians of the regular system are so prejudiced against innovation, and so wedded to long-established, routine habits of practice, that they are less inclined to investigate the wonderful philosophy of Hahnemann, than they have generally been to consider the theories of the great reformers who lived before him; that many of the wealthy and intelligent of the community are the encouragers and patrons of this system; that its practitioners are as well educated in the general principles of medicine and surgery as are the "*allopaths*."

That some physicians, much older than myself, and who have lived to see different systems of quackery arise through popular ignorance, or from a love of novelty, and fall by their own fallacy, may entertain some feeling akin to prejudice against the potency of attenuated nothingness, is not strange. The theory of homœopathy appears so unreasonable at the first view, that not many are inclined to give the time and trouble necessary to its thorough investigation. But perhaps it may claim notice from the fact that men apparently sensible upon other subjects are sometimes found among its advocates. The boasting declaration, that many of the wealthy and intelligent are the patrons of this practice, is to some extent true; but he who supposes that because a man is learned in theology, politics or general literature, his opinion upon medical subjects is worth anything, entertains very erroneous ideas.

I have had considerable personal acquaintance with homœopathic physicians; I have attended some of their medical meetings, and met them at the bed-side of the sick; and in regard to their scientific acquirements I can freely say that I do not believe one half of these gentlemen could pass the graduates' examination at

the cheapest medical college in the country. Some of them have no diplomas at all, yet they prefix the title "Dr.," or affix that of "M.D." to their names, whenever they please, and the duped public do the same, and feed them on the fat of the land, in ignorance. For about a year I have been experimenting somewhat extensively in homœopathy. I have carried with me an assortment of *allopathic* medicines (as Dr. Quack would say), and also quite an extensive assortment of homœopathic dilutions and triturations, carefully prepared, according to Hahnemann slightly Americanized. I have spent much time in reading some of their standard works, such as Hull's Laurie's Practice, Jahr and Possart's Manual, &c.; and have had the advantage of advice from members of the fraternity whenever I have wished it.

My medicines have been of the attenuations generally used by homœopathic physicians in this country—that is, from the second to the fifteenth decennial. Occasionally, I have used the second and even the first, but of these I have been taught to fear the primary effect. I have not had the patience to prepare what a distinguished Russian practitioner declared he found still too powerful, viz., the 1500th centennial. Perhaps if he had dropped one minim of this into the Baltic, the fog of that sea would have been sufficient to medicate all northern Europe for centuries.

I have given my attenuations for almost every kind of pain and ache which persons who imagine it is genteel to be out of health, could make themselves believe they possessed. I have given them in cases of actual illness, and the patients have recovered—sometimes rapidly, and I have had just as good success with what everybody will acknowledge to be perfectly inert, many times. I have seen patients, really ill, restored to health quite as quickly as any remedies could be expected to cure, who have taken only a few powders of sugar of milk or turmeric, or a few teaspoonfuls of cold water. Every man who claims to be a physician ought to know, if others do not, that many diseases are self-limited in their nature, and their duration cannot be shortened by medicines of any kind; and in such cases he who makes the recovered patient believe that his medicines or his skill has *cured* him, is either an ignoramus or a rascal.

All my homœopathic "mother tinctures" and "attenuations" have been first prepared by a respectable pharmacist of this peculiar school, and whenever I have carried them up, the triturations have had the requisite amount of grinding, and the dilutions as many shakes as any disciple of Hahnemann could wish; always over the left arm, of course, and not under it. I have used aconite, belladonna, arsenicum, nux vomica, bryonia alba, chamomilla, &c., with a careful adaptation of each to the symptoms for which it is declared to be curative, it not being required that I should much regard the pathological condition from which the symptoms spring.



I have given aconite of different attenuations in hundreds of cases, but I have never known the pulse to be lessened, nor the coating to leave the tongue, nor the patient to exhibit any signs of improvement which I could reasonably attribute to this much-lauded febrile remedy. Any other dilution, as bryonia or nux, or even the clear alcohol, or cold water, or nothing, has been followed by just as good results.

Arsenicum, in dilution and trituration, has in my hands entirely failed to cure or even mitigate "chronic vomiting of ingesta," "burning pain in the rectum," "excessive thirst," or any other of the long catalogue of troubles for which it is recommended. I have used arsenicum in very many cases. In a distressing case of hemorrhoids, I gave the fifth dilution alternately with the third of nux vomica; in this instance, these were precisely the remedies wanted according to the best homœopathic authority I could find, but I did not perceive the least effect from them. In a case of obstinate vomiting, one of the complaints for which arsenicum is a homœopathic specific, I met with the same disappointment.

Bryonia alba does not cure pain in the joints, nor any of the thousand symptoms for which it is recommended; but, if a person who is thus afflicted continues to take it long enough, he frequently *gets well while using it*, and he and the doctor may be so highly attenuated, under the pericranium, as to think that the bryonia was curative. I have given bryonia, carefully guarding against incompatibles, in cases where, according to homœopathic teaching, it has been very plainly indicated, and have never seen the least effect from it. I have tried, with the same care, dulcamara, arnica montana, pulsatilla, capsicum, colocynthos, and about twenty other of the most commonly used homœopathic medicines. I have tried them in the high, low and medium attenuations; have given them to young and to old, and for diseases both acute and chronic, and according to the teachings of the greatest homœopathic luminaries, from Hahnemann down to the Solomons of the present day, and I have never perceived the least abatement of disease while giving them, which anybody in the medical profession, except a quack, would attribute to the medicine used. Perhaps some of the lower attenuations, taken in sufficient quantity, will produce an effect, but the dose would need to be so great that the non-medicinal vehicle would kill sooner than its scattering freight could cure. I have investigated this subject thoroughly and fairly, and with no other desire than to ascertain for myself the truth or fallacy of this strange philosophy.

I find that a few of the homœopathic physicians profess to disregard Hahnemann's theory and practice of giving infinitesimal doses; insisting that, as long as they treat disease upon the principle of *similia similibus curantur*, they are consistent homœopaths. They say they have a right to give quinine unattenuated,

for intermittent fever, or castor oil for dysentery, this being in accordance with that great law to which alone they are loyal. They bid farewell to little starch globules saturated with the fifth attenuation of the mother tincture. Unlike their brethren, they do not ask us to grind sugar of milk three hours ten times in succession, in order to render graphites or zinc capable of curing a long list of diseases. Aconite, pulsatilla and their wonderful companions, are not necessarily to receive each a hundred shakes over the left arm, in a dozen different vials, before they are suitable to relieve suffering humanity in obedience to the one only law of homœopathy. Yet these gentlemen ought to be aware that the theory of high attenuations was the main pillar of Hahnemann's doctrine, and almost the only thing in which he was original. Why, then, do they claim to be his disciples? Why do they celebrate his birthday with feasting and speech-making? Why this loud cry about the great value of his discovery? Why are their pharmacies filled with the attenuations, from the third to the twentieth, and higher? The idea of curing disease upon the principle of *similia similibus curantur* did not originate with Hahnemann, but the distinctive feature of his philosophy was the declared potency of attenuated medicines; and this idea has been insisted upon by almost every homœopathic teacher since his day. Laurie's Homœopathic Practice, which is found in the library of nearly every homœopathist, and which is generally regarded by them with as much favor as the regular profession attach to Watson's Lectures or Wood's Practice, says, in speaking of Hahnemann's thirtieth centennial attenuation: "However absurd the first view of these infinitesimal attenuations may appear, it is not the less true that even the thirtieth, far from having lost all efficacy, often shows itself too energetic." The consistency of those who pretend to be disciples of Hahnemann while they deny his cardinal doctrine, is as great as their wisdom in attempting to cure all diseases, indiscriminately, upon the principle of *similia similibus curantur*.

I know every battery and every breastwork in the citadel of homœopathy. I have been within, and examined its frail structure, and I have tried to manage a gun, but I found the little white balls poor instruments of warfare. I have no doubt that the present popularity of this system of quackery results in a great measure from the too limited qualifications of members of the regular profession. There are men who have passed the meridian of life, and whom the public regard as veterans amongst us, who have hardly kept pace with the improvements the profession has had the advantage of since they commenced practice, and whose qualifications would not shine compared with those of graduates of the present day. There are also younger men amongst us, whose leisure time is devoted to less useful purposes than trying to search out the hidden mysteries of our noble science. If regular physicians

everywhere, old and young; would not place too much reliance upon the great facts which former generations have taught us, but would delve deeply into the mine of knowledge, they would bring up golden truths, which would do honor to our profession and benefit the community—and the popular zest for anything that is new in medicine, however absurd, would, to a great extent, be changed to a proper appreciation of the demands of learning. It is true that there always have been, and there undoubtedly always will be, different systems of quackery rife in the world. This is the unavoidable result of the limited amount of intelligence possessed by the great mass of people in the lower walks of life; but when physicians are always honorable and frank in their intercourse with the public, and truly progressive and scientific, they will feel the dignity of their position and be able to keep at bay every system of medical delusion.

HENRY KING.

Warwick, R. I., May 23d, 1857.

DR. EDWARD BROWN-SEQUARD'S EXPERIMENTAL AND CLINICAL RESEARCHES APPLIED TO PHYSIOLOGY AND PATHOLOGY.

[Continued from page 437.]

A SLIGHT increase of reflex excitability is not sufficient alone for the production of epileptic seizures. It often coincides with great weakness, as is the case in old people, in convalescents, and in persons who have lost a great deal of blood. In all these cases, reflex movements take place easily under the influence of emotions, fright, or even a sudden noise. Many excitable, though healthy men and women have reflex spasms in the act of coition—hence the name given to this act by Sennert, *epilepsia brevis*.

It is very probable that the reflex excitability, or the reflex force, of the nervous centres is extremely considerable in those persons who have fits of epilepsy for the first time, caused by a slight blow, or some ordinary moral excitement.

We shall not examine what are the parts of the cerebro-spinal axis in which there is an increase of reflex excitability, because what we have said above of the seat of epilepsy shows what are these parts, their seat being nothing but that of the increased reflex excitability, or, in other words, epilepsy consisting chiefly in that increased excitability. If it were proved that epilepsy sometimes exists only because the force of the reflex property is increased, its excitability being normal, we should have to admit that the seat of epilepsy is in almost the whole length of the cerebro-spinal axis, because, as we intend showing elsewhere, the force of the reflex property increases or decreases everywhere at the same time.

We must say, that although we admit that fits of epilepsy depend



ordinarily on an increased reflex excitability, frequently combined with the existence of some special kind of irritation originating in the skin, in the mucous membranes, &c., we admit as *possible*, that without any increase of excitability, certain irritations on some parts of the encephalon may produce fits of epilepsy. We well know that the least puncture with a needle or pin of the *processus cerebelli ad pontem*, and, as I have found, of the auditory nerve, and of certain parts of the medulla oblongata, in mammals, is sufficient to produce fits of a peculiar kind of epilepsy, in which the animal rotates around the longitudinal axis of its body, in consequence of the convulsions. In man this kind of epilepsy has been frequently observed, and as the phenomena are the same as in animals (except as regards the duration of the fit, which in man is short, while in animals it lasts *usually* as long as life), it may be that the rotary convulsions have been produced, although there was no increased reflex excitability, in man as it is in animals.

Many discussions have taken place among physicians concerning the first phenomenon of a fit of epilepsy. We are, however, yet to know which of the epileptic phenomena is most frequently the first. Is it the paleness of the face, as Prof. Trousseau and others believe? Is it a spasm of the larynx, as was admitted by Dr. Marshall Hall? Or is it the loss of consciousness? We think there is no doubt that either of these phenomena may be the first, but we do not know which is most commonly the first. They may take place at the same time, and in some cases they may be entirely missing, or exist only after other phenomena.

Among the most interesting of these, ordinarily first phenomena, is the paleness of the face. Delasiauve (*Loco cit.*, pp. 56, 60, 66 and 77), considers it as extremely frequent in all kinds of attacks, from the simple slight absence of mind to the most complete epileptic seizure. Trousseau and Bland Radcliff (*London Medical Times and Gazette*, March, 1856, p. 303-304), are inclined to consider it as a constant symptom, and also as the first one. This paleness has not been explained. We consider it as a most interesting symptom, as it leads to a very probable explanation of the loss of consciousness in epilepsy. After Prof. Claude Bernard had discovered that the section of the cervical sympathetic nerve is followed by a dilatation of the bloodvessels of the face, I found that when this nerve is irritated by galvanism there is a contraction of these bloodvessels, and I explained the facts discovered by the eminent French physiologist and by myself, by considering the sympathetic as the motor nerve of the bloodvessels of the face. I found, also, that the branches of the sympathetic nerve which animate the bloodvessels of the face, originate from the spinal cord with the branches of the same nerve going to the iris. (See my *Exper. Researches in Physiol. and Pathol.*, 1853, p. 9-10, and p. 75; and the *Medical Examiner*, Aug., 1852,

p. 489.) The theory I then proposed has been almost universally admitted. We have in this theory an easy means of explanation of the paleness of the face in epilepsy. When the excitation takes place in the spinal cord and the basis of the encephalon, which gives rise to the fit, the nerve-fibres which go to the head are irritated, and produce a contraction of its bloodvessels. Of course this contraction expels the blood, and, in consequence, the face becomes pale. Very often another effect, depending on the nerve-fibres of the cervical sympathetic, is produced—the dilatation of the pupil. But the reverse sometimes takes place—a contraction of the pupil occurring, instead of a dilatation. This last phenomenon is easily explained by admitting that the excitation in the nervous centres takes place near the origin of the third and fifth pairs of nerves, and not of that of the cervical sympathetic, as is the case when the pupil dilates. The paleness of the face, and the dilatation of the pupil (when it exists), soon disappear, chiefly in consequence of the obstacle to the venous circulation in the head, and of the state of asphyxia. The cause of the obstacle to the return of blood from the head is not only the contraction of the muscles of the neck, as Dr. Marshall Hall seems to think, but also in the state of the chest. Dr. Russell Reynolds (*Diagnosis of Diseases of the Brain*, &c., 1855, p. 176) says that he has observed many cases in which the muscles of the neck were quite flaccid, notwithstanding the darkness of the face, and the leaden hue of the body generally.

Among one of the first symptoms of the fit, and as a cause of the cry, there is a spasm of the laryngeal muscles, and a contraction of the expiratory muscles. This contracted state of the chest acts on the heart so as to diminish the force of its beatings, as is the case in the experiment of compressing the chest, made by E. Weber and others, and it acts on the veins, in preventing the circulation in them. Although compressed, and unable to beat freely, the heart quickly recovers an apparently great strength; the blood, losing its oxygen and becoming black, acts as a powerful irritant upon the central organ of circulation, so that palpitations, sometimes very violent, occur. Nevertheless, the pulse often remains weak, because the quantity of blood sent to the arteries by the heart is smaller than usual, on account of the obstacle to the venous circulation.

We think that at nearly the same time, when the origin of the branches of the sympathetic nerve going to the bloodvessels of the face receive an irritation in the beginning of a fit of epilepsy, the origin of the branches of the same and of other nerves, going to the bloodvessels of the brain proper, also receive an irritation. A contraction then occurs in these bloodvessels, and particularly in the small arteries. This contraction expelling the blood, the brain proper loses at once its functions, just as it does in a com-

plete syncope. Now, as it has been well proved by the researches of Kellie, of Abercrombie, of John Reid, of Henle and of Foltz, that the quantity of liquid in the cranio-spinal cavity cannot change suddenly, it results, that if there is less blood in the brain proper there must be more in the basis of the encephalon and in the spinal cord. In consequence of the impediment to respiration, the blood sent to the encephalon, as well as to other parts of the body, contains but little oxygen, and is charged with carbonic acid, so that the large quantity of blood accumulated in the basis of the encephalon (the medulla oblongata, the pons Varolii, the tubercula quadrigemina, &c.), and in the spinal cord, is endowed in a high degree with the power which I have shown that such blood possesses, *i. e.*, to excite convulsions. It may be, as Henle has supposed, that the basis of the encephalon is then excited to cause convulsions in consequence of the pressure exerted upon it by the accumulation of blood. The spinal cord, also, in all its length, is then excited to produce convulsions by the blood which circulates in it. The grounds on which I base these views are the following.

1st. There is, in the beginning of a complete fit of epilepsy, an irritation of the parts of the nervous centres from which originate the nerve-fibres of the bloodvessels of the brain, and therefore there ought to be a contraction of these vessels. The cervical sympathetic nerve contains not only the nerve-fibres which cause a dilatation of the pupil, and those which produce the contraction of the bloodvessels of the face in the beginning of a fit, but also the nerve-fibres of the bloodvessels of the brain. Prof. Claude Bernard (*Mémoires de la Soc. de Biologie*, for 1853, p. 94) has found that when the cervical sympathetic nerve is divided on one side, the temperature of the brain is increased in the corresponding side. We have shown that this elevation of temperature depends upon the circulation of a larger amount of blood, which is the consequence of the paralysis of the bloodvessels, due to the section of their nerve-fibres. Some experiments of Donders, and of his pupil, Van der Beke Callenfells, have also shown the influence of the sympathetic on the arteries of the pia mater (see Donders's *Physiologie des Menschen*, Leipsic, 1856, p. 138 and 140); they have seen these arteries contract when the sympathetic was irritated.

2d. We have said that we consider as reflex the convulsions of epilepsy, whether they depend on centric or eccentric excitations. The contractions of the bloodvessels of the brain and face in a fit of epilepsy are also reflex. We have proved elsewhere (see my *Exper. Researches in Physiol. and Pathol.*, 1853, p. 34) that bloodvessels may contract by a reflex action, as well as muscles. In experiments with our distinguished friend Dr. Tholozan, Professor at the Military Medical School of Paris, we have found that the bloodvessels of one hand contract, by a reflex action, when the sensitive nerves of the other hand was irritated by being ex-



posed to the influence of water at the freezing point. Schiff (*Comptes Rendus de l'Acad. des Sciences*, vol. xxxix., 1854, p. 509). Donders (*loc cit.*, p. 139), myself, and more recently M. Vulpian (*Gaz. Méd. de Paris*, 1857, p. 18), have found that the bloodvessels of the ear in rabbits contract by reflex action, when the central part of the divided auricular nerve is irritated. I have found, besides, that the splanchnic nerves and other branches of the sympathetic have a reflex action on the bloodvessels of the heart. (See my paper, *Recherches Expér. sur la Physiol. et la Pathol. des Capsules surrénales*, 1856, p. 30.) All these facts establish beyond doubt that the bloodvessels as well as muscles of animal life may contract by a reflex action. In a seizure of epilepsy, therefore, the bloodvessels of the brain proper, those of the face, the muscles of the neck, of the larynx, &c., may contract by a reflex action, either separately or at the same time.

3d. To say that an explanation is a good one because we do not know or because we cannot imagine any other one, is an argument which rarely has any value; but when the explanation is not only possible, but also rendered very probable, as is the case with our theory of the loss of consciousness in epilepsy, it is an argument of a positive value that no other theory, except one or two having many facts against them, has been proposed heretofore.

4th. It might be objected to the explanation we propose, that the loss of consciousness is too rapid to be due to a contraction of bloodvessels. There is a fact which answers peremptorily this objection; it is, that when the cervical sympathetic is irritated by a powerful electro-magnetic current, the contraction of the bloodvessels of the face, and particularly of those of the ear, is almost immediate, and so considerable that many of the small arteries seem to expel completely their contents. Now, as everybody knows that even a diminution in the supply of blood to the head, as in ordinary syncope, is sufficient to produce an immediate loss of consciousness, *a fortiori* is it so if the nerve-fibres, irritated in the nervous centres, produce a contraction in the bloodvessels of the brain proper.

5th. As we see that the bloodvessels of the face, after a contraction of very short duration, dilate and become turgid, it might be asked if it be not so with the bloodvessels of the brain proper, and why, in that case, there is no return of consciousness when the blood returns in the dilating bloodvessels. We answer that it is probable that the cerebral bloodvessels dilate, like those of the face; but that when this dilatation takes place, the blood which then reaches the brain does not contain oxygen enough, and is charged with too much carbonic acid, to be able to regenerate the lost function of this organ. It is only when the respiration has become almost completely free, that the functions of the brain re-appear.

6th. It might be objected, also, that the theory does not explain

why the nerve-fibres going to the bloodvessels of the brain proper are excited, while those of the bloodvessels of the base of the encephalon are not. The theory has not to explain this difference; *it is a fact* that the action of the brain proper is lost, while the action of the basis of the encephalon is very much increased, during a fit of epilepsy; and all that the theory has to do is to explain the loss of action in one part, and the cause of increased action in another. However, we may add that if the bloodvessels of the base of the encephalon are not excited to contract, it is, according to all probability, because their nerves originate in another place from those of the cerebral bloodvessels; and as we know that the nerves going to certain muscles are excited in the beginning of a fit, while others are not, we may understand easily that the same thing exists for the nerves of the various encephalic bloodvessels.

7th. As regards the influence of blood charged with carbonic acid on the nervous centres, we will refer to our often-quoted work (p. 80, and p. 101-124); and we will merely say here that we have found that the injection of blood charged with carbonic acid into the carotid or into the vertebral arteries, at once causes epileptiform convulsions.

8th. It might be objected that the bloodvessels of the base of the encephalon and of the spinal cord ought to be excited to contract by two causes after the fit has lasted some time; the first cause being the excitation of all the parts of the cerebro-spinal axis in which there is blood charged with carbonic acid, and, consequently, the excitation of the nerves of the bloodvessels of the basis of the encephalon, because these nerves take their origin somewhere in those excited parts of the cerebro-spinal axis; the second cause being the direct excitation of the smooth muscular fibres of the bloodvessels of the encephalon by the blood charged with carbonic acid. Now if the bloodvessels contract, whether it is on account of the first or of the second cause, or of both, it seems that the fit ought to be diminished at once. But in the first place, it is probable that the bloodvessels contract irregularly, some at one time, some at another. In the second place, blood charged with carbonic acid, after its first action (which is an excitation) has a secondary action, which causes the loss of the contractility of the muscular layer of the bloodvessels. In the third place, the obstacle to the return of venous blood may cause the bloodvessels to dilate to such an extent that they cannot contract, as is the case with the heart when its cavities are too full.

## LARGE CALCULUS IN THE BLADDER.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following account of a *post-mortem* examination is at your disposal, if you think it would interest your readers.

I do not know the full history of the case, but performed the autopsy at the request of Dr. Porter, of North Brookfield, who has the stone in his possession, and who correctly diagnosticated the disease more than a year ago, but thought the patient too weak to undergo an operation with any degree of safety. The pain which the patient suffered was described as excruciating.

The subject was a man of twenty-two years of age, who had always resided in Worcester county, Mass. The body was exceedingly emaciated, but otherwise natural. Small ulcers were found in the small intestine near the cœcum; there was a tuberculous deposit in the omentum; the mesenteric glands were enlarged. The *right kidney* was about one third of the natural size; the *left* was also somewhat atrophied, and both contained pus and small gravel-stones. The *bladder* was contracted, and its walls were thickened. It contained a large pear-shaped stone, the larger end lying toward the urethra. The stone was three inches and three quarters in length; the diameter of the larger end was one inch and three quarters, and that of the smaller end three quarters of an inch. It weighed three ounces and a half.

*Haverhill, Mass.*

ISRAEL N. SMITH, M.D.

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

MAY 11th.—*Miscarriage; Unusual Length of the Umbilical Cord.* Dr. COALE showed the specimen, a foetus seven months old. The mother had a miscarriage in August last, after a violent illness. There was at the time profuse hæmorrhage. She again became pregnant, and three months ago considered herself as four months advanced. Having made some unusual exertion, she now had the premonitory symptoms of labor, and on examination the os uteri was found dilated, and she was soon after delivered. The cord was tough, and about three feet in length, being twisted three and a half times around the neck of the child, and causing a degree of constriction which, if continued sufficiently long, must inevitably have severed the part.

MAY 25th.—*Intermaxillary Bone from a Child with double Hare-lip.* Dr. JACKSON showed the specimen. The child, which was otherwise well formed and in robust health at the time of birth, lived four months, and died probably from deficient nourishment, consequent upon the difficulty of taking food. The bone was quite projecting, and contained the four upper incisor teeth, resembling that of the lower animals.



MAY 25th.—*Addison's Disease of the Supra-renal Capsules.* Dr. GOULD reported the following case, of this disease, which recently came under his observation at the Massachusetts General Hospital; it being, as he remarked, the first within his knowledge which had been recognized in this vicinity. In view of the importance of every additional case, in making out the history of this extraordinary affection, Dr. G. gave the particulars of it, so far as he had been able to obtain them.

G. R. W., farmer, aged 44, came as passenger in an Eastern steamboat on his way to the West, for his health, May 22d, 1857. He had been very sea-sick during the preceding day and night, but had walked about the cabin in the morning. A little time afterward, he was found lying insensible in his berth, in which condition he was brought to the Hospital in the afternoon. His appearance was that of a stout, vigorous man. He lay on his back, quite helpless and insensible; breathing at irregular intervals; hiccupping; unable to swallow; frothy saliva running from his mouth; the eyelids firmly closed, and the pupils contracted; action of the heart very rapid and feeble; pulse very weak, uncertain, and sometimes imperceptible; hands very cold, and fingers rigidly flexed.

The skin had a peculiar dusky hue, so that one person supposed that he might have had a mixture of Negro and Indian blood; while another suggested his resemblance to an unwashed collier or stoker. Within the mouth, bordering the lips, was a circle of dark spots, not livid, but apparently old discolorations. The cheeks were especially dark and lustrous, and the term *bronzed* would aptly designate their appearance. The features sufficiently indicated that the peculiar hue was not due to race; and its presence on the feet and under the clothing showed that it was not due to exposure.

As his symptoms were evidently those of prostration, no depletion was practised; nor could stimulants be administered except by inhalation. In about six hours he died.

Nothing of his history was known at the time; but subsequent to the autopsy the following particulars were obtained from the relative who accompanied him, and by correspondence with his physician. Inasmuch as neither of them had been informed of the result of the autopsy, their account was in no degree dictated by preconceived opinion.

He had been a man of great energy, strength and endurance; rigidly temperate; a farmer in summer and a lumber-man in winter; had six children, the eldest of whom, seventeen years old, weighs 180 lbs. Eight years ago he had pneumonia, leaving him with cough and copious expectoration, which kept him from work about three years, at the end of which time he had a series of boils at the epigastric region, and also a large abscess in the thyroid region, which for two weeks filled and discharged every forty-eight hours. He then recovered and resumed labor, and for the next four years was in excellent health. About a year since, he began to fail again; had loss of appetite, flesh and strength, with frequent attacks of nausea and vomiting; he had pain in the abdomen on stooping, with an irregular state of the bowels; he often had coldness, rigidity and insensibility in the fingers of both hands, lasting perhaps an hour. Dizziness came on; his memory failed, and he became listless. He could walk but a short distance, al-

though he was able to drive about in a carriage. Nothing unusual in the urinary function was noticed. He gave up work early in March. About eight months ago, a change was first noticed in his complexion, described as of a bluish cast, at times almost purple. Discoloration within the mouth was observed some weeks since. Some persons ascribed his disease to the liver, others to the lungs; but the physicians in whom he had most confidence, suspected the heart.

*Sectio cadaveris*, by Dr. C. ELLIS. In the substance of the brain, between the lateral ventricle and longitudinal fissure, was a firm, bluish-white nodule containing considerable cretaceous matter. On microscopic examination it was found to consist of fibroid tissue. The pleural surfaces of both sides were every where united by old, white, delicate fibrous tissue. The lungs crepitated throughout; in many parts were dark-red spots like ecchymoses. The heart was rather flaccid, containing a large quantity of fluid blood, but no coagula, and there was no coagulation after its removal from the body. The liver was firmly adherent to the diaphragm; its substance normal, and dark red throughout. The spleen adhered to the diaphragm, and was rather soft. The supra-renal capsules were surrounded by fat, which was separated with difficulty from their external surface. That of the left side was much thicker than usual, very firm, and of a bluish-white color, though much of it was occupied by soft, yellow deposits resembling tubercular matter, or concrete pus. The deposit consisted of minute globules or granular corpuscles, varying in size from those of tubercle to those of pus. The firm, bluish-white substance consisted of fibrous tissue. The right capsule was smaller than usual, though thicker at one part, and nowhere flat, as in the normal state. Its appearance, on section, was the same as in the other capsule, but the disease was much less extensive. The other organs were normal.

Of the symptoms mentioned by Addison, as characteristic of the disease, we have above, from independent and unprejudiced sources, nearly every one. We have bronzed skin, debility with moderate emaciation, anemia, dyspepsia, feeble pulse, nervous twitchings, with numbness and failure of memory. The other symptoms mentioned by him relate to the tongue, lumbar pain, the urine (which so far as known was normal), change of temper, and a peculiar odor. With regard to these, the reporters are silent, but not contradictory.

JUNE 8th.—*Cancer of the Stomach terminating in Perforation.* Dr. ELLIS showed the specimen and reported the case.

The patient, a German 50 years of age, had been under the care of Dr. Cleveland. For three or four years previous to his death he had been troubled by "indigestion," pain in the epigastrium, and obstinate constipation. During the greater part of this time he was able to perform his duties in an iron foundry; but, four or five months before the termination of the case, he was obliged to give up work, on account of a "distressed feeling" in the epigastrium. There was occasionally here some sharp, lancinating pain, but "distress" was the term generally used to express the sensation. Never any nausea or vomiting, unless excited by purgative medicine. No tenderness. The rigidity of the abdominal muscles was very great. About ten days before his death the abdomen enlarged, and he became generally anasarcaous. No symptoms were at any time noticed, which indicated perforation and peritonitis.

*Sectio Cadaveris.*—At the examination, the abdominal parietes were extremely tense. On puncturing them, air escaped with great rapidity. The peritoneal cavity contained three or four gallons of serum, pus and lymph, the surface being, in many parts, smeared with the latter. The intestines were reddened, and loosely glued together, the products of inflammation being evidently quite recent.

At the upper part of the anterior wall, near the pylorus, was a round opening three or four lines in diameter, with a smooth and very thin margin. Through this the dark-brown contents of the stomach were seen to issue. No trace of adhesions to the neighboring parts. In the last two inches of the pyloric portion of the stomach was a yellowish-white encephaloid deposit, with which the walls were more or less extensively infiltrated, the disease extending for a short distance into the duodenum. The maximum thickness of the part affected was from three to four lines. Just within the pylorus was an ulcer an inch and a half in diameter, with a dark slate-colored base, in which the opening previously described was seen. The parietes for a short distance around it were extremely thin. The mucous membrane of the stomach elsewhere was sufficiently healthy.

The lungs, lumbar glands and liver also contained encephaloid growths, the deposit in the last two being very large. A small amount of the same was found in the vena cava, and one of the large trunks opening into it.

The case was thought interesting on account of its termination, and as an instance of cancerous disease of the pyloric portion of the stomach, without nausea or vomiting.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 16, 1857.

### DR. FELL'S CURE FOR CANCER.

A NOVEL proceeding at one of the London hospitals has been for some time the subject of comment by the English medical journals, particularly by the *Lancet*, which condemns, in terms of much severity, the conduct of those concerned in it. It seems that a Dr. J. WELDON FELL, "of the University of New York," has within a year or two acquired considerable notoriety in London as a curer of cancer by a secret method. The fame of this coming to the ears of the Board of Governors of the Middlesex Hospital, they invited Dr. Fell, with the concurrence of the surgeons of the Hospital, "and in compliance with the desire of the benevolent founder of the Cancer Establishment of the Middlesex Hospital," to make a trial of his "method" upon the patients affected with cancer in that institution. The terms were, that Dr. Fell should, *in confidence*, communicate to the surgical staff the nature of the remedies used by him and the mode of employing them, and that he should publish full particulars of the same within a period of six months, the surgeons reserving the right to do so themselves, in case of failure on the part of Dr. Fell to comply with this condition. We would here remark, that although Dr. Fell boasts that



his consulting rooms have been open every Tuesday to the medical profession, for the purpose of exhibiting his method of treatment, the remedies employed were carefully concealed: "even a *hospital analysis*"—we quote his own words—"failed to detect the vegetable portion of them."

It is but justice to Dr. Fell to say that the surgical staff of the Middlesex Hospital, in a report upon the result of his treatment, made March 18, 1857, speak favorably of his method, "although they regret that the limited period since the treatment in the Hospital was commenced (January 22d) prevents their coming to any positive conclusions upon certain points of great importance." They say that Dr. Fell's treatment is safe and easy of application: that it is confined to the enucleation of the tumor merely: that the patients are not confined to the bed, but can go abroad during the process; that the enucleation of the diseased mass is followed by a healthy granulating and cicatrizing surface; that although always painful, and sometimes severely so, the suffering is less than that which accompanies the action of caustics, as ordinarily employed; but that "they have not as yet had time to ascertain the average duration of the benefit conferred by the treatment, nor have they any means of knowing whether, in the event of a return of the disease, there be any difference observable from what is known to take place after excision."

In compliance with his agreement, Dr. Fell has published his "method" in a thin octavo, entitled "A Treatise on Cancer and its Treatment." In the preface he assigns as his reasons for previously withholding his secret from the public, that, "1st. Any book or paper written by a stranger, whatever information it might contain, is almost sure to be passed over with neglect. 2d. Unless the mode of preparing and applying the remedies is well understood, they might be applied in cases where they would have no beneficial effect, and thereby bring them into disrepute. 3d. It often happens that when a remedy or mode of treatment of importance has been introduced by one unknown to the profession, it has been adopted by some leading man, and in many cases the originator is entirely lost sight of." These reasons are most flimsy and inadequate. If Dr. Fell has none that are better, he would have been much wiser to have said nothing at all about his motives for secrecy. The second reason, in particular, is so entirely quackish, that we cannot help thinking it was suggested to Dr. Fell by a New York empiric in the ophthalmic line, who was largely indebted to it for his extensive and lucrative practice. The treatment employed by Dr. Fell consists in the application of an escharotic, the essential ingredient of which is the common *bloodroot* (*sanguinaria Canadensis*), which is stated to exercise a specific effect on cancer, not only destroying the tumor, but overcoming the cancerous diathesis, so as to prevent a return of the disease. Dr. Fell introduces this plant to the British public with a great deal of flourish, pretending to have derived his knowledge of its virtues from Indian traders, who told him that it was successfully employed for the treatment of cancer by the natives on the shores of Lake Superior. "This extraordinary plant," he says, "although unknown to civilized man as a remedy for cancer, has long been known as a powerful emmenagogue and alterative [?], and, as such, has been admitted into the Pharmacopœia of the United States; and it is a question well worth

considering to ascertain how far its connection and power over the uterine functions has to do with its influences in destroying the peculiar cancerous diathesis existing in most cases." Nothing is said by Wood and Bache about its possessing emmenagogue properties, and our readers need not be told that the plant is only used internally as a powerful emetic and expectorant; externally it is a mild escharotic, and even if it did possess a special influence over the womb, the idea of this property having anything to do with its "influences" in destroying the cancerous diathesis is simply ridiculous.

The powdered bloodroot is mixed with chloride of zinc, in proportions varying from half an ounce to an ounce of the former, and half an ounce to two ounces of the latter, made into a paste with two ounces of water and a sufficient quantity of flour. The skin over the tumor is first destroyed by nitric acid, and the paste is then applied, spread upon linen. An eschar is thus created, into which incisions are made, half an inch apart, avoiding the living tissues. The paste, spread upon strips of cotton, is inserted into these furrows daily, by which the action of the caustic penetrates through all parts of the tumor. This method Dr. Fell claims to be original with himself. An ointment containing the same ingredients is also used, and another of iodide of lead. The sanguinaria is at the same time given internally in half-grain doses, either alone or combined with the sixteenth or twentieth of a grain of the iodide of arsenic, and one grain of the extract of cicuta, in pill; or in decoction with the fluid extract of taraxacum.

With regard to this mode of treatment, we have to remark that the author almost invariably combines what is peculiar to it with other well-known remedies. If the sanguinaria is to be employed as an escharotic, it is united with the chloride of zinc, long known as the best caustic in this disease; when given internally, the patient also takes the iodide of arsenic, cicuta or taraxacum at the same time. Hence it is impossible to say how far the immediate effects of the treatment are owing to the bloodroot, or to the adjuvants employed, which are well known to possess a certain amount of efficacy in this disease.

The advantages claimed by Dr. Fell for his method are, 1st, that it removes the local disease; and, 2d, that it destroys more or less completely the diathesis upon which the local manifestation depends. He says that out of every ten cases treated by him, in only about three does the disease return, whereas the results hitherto obtained have been from eight to eight and a fraction relapses out of every ten cases. With regard to the local effect of Dr. Fell's treatment, there seems to be no doubt. The testimony of the surgeons of the Middlesex Hospital is conclusive on this point; the diseased mass is often enucleated, and a healthy-looking cicatrix is left. We presume that no one will consider this as anything remarkable. It has often been done before with caustics, and there is nothing in Dr. Fell's book which proves that the addition of bloodroot to the chloride of zinc essentially modifies the effect of that escharotic. If a healthy-looking cicatrix were the main result to be attained, it could be effected with much more ease by the knife. As to the efficacy of sanguinaria in modifying or extinguishing the diathesis upon which the local disease depends, that is a point which can only be settled by careful observation for a considerable length of time. It will not do to take Dr. Fell's

assertions for granted. Were he a high medical authority, his word would go for little, in such a question, if unsupported by facts; but when a practitioner who notoriously violates one of the highest laws of medical ethics by employing a secret remedy, asserts that he can destroy or greatly modify the cancerous diathesis, we are not only compelled to withhold our belief until the fact be demonstrated, but, on the principle of *falsus in uno falsus in omnibus*, we are led to believe that such an improbable statement is a downright attempt at imposition. Now it is a remarkable fact, that of upwards of twenty cases treated by Dr. Fell which are appended to his work, but two were patients in the Middlesex Hospital. Of these, the first after three months' treatment was not entirely well; the second was dismissed well, after upward of two months of treatment. Of the remaining patients, which were all private, one continued well seventeen months after cure, two fourteen months afterward, five one year afterward, nine less than a year afterward, and in one case the patient died from a return of the disease. It is true that Dr. Fell states that the first patient upon whom he tried sanguinaria is still living and well, fifteen years after the cure; but this case is only mentioned incidentally, and no details are given of it. These are all the facts which he gives to substantiate his assertions.

It may be said by those who attempt to excuse the conduct of Dr. Fell, that so far from keeping his remedy secret, he has published it to the world. From his own admission, however, he had been practising this mode of treatment for at least fifteen years before he divulged the secret, and as his reasons for withholding it from the profession are wholly unsatisfactory, we are compelled to believe that he was actuated by other motives than a desire to benefit mankind in imparting it at last. The case is exactly similar to that of the proprietors of the "Peruvian Syrup." In both instances, the medicines, being well known not to possess the virtues ascribed to them, must depend upon the mystery of secrecy for their success, until the confidence of the credulous part of the public is gained, after which an assumed frankness in disclosing their composition secures the admiration of another class, equally gullible. To this latter class, we are afraid, belong the surgeons of the Middlesex Hospital, and we do not envy those gentlemen the ridicule which the explosion of this bubble will cast upon them.

The value of Dr. Fell's method ought to interest every American, since one of the patients who has submitted himself to his treatment in the hope of being cured of a tumor in the orbit, of an apparently malignant nature, is the eminent sculptor CRAWFORD, whose genius, known and appreciated throughout the civilized world, has shed so much lustre on his native land. The accounts which we have seen of Mr. Crawford's case are vague and unsatisfactory. We sincerely hope that his disease may prove not to be of a cancerous nature, and that he may be spared for the enjoyment of a long and brilliant career.

---

#### VERDICT AGAINST A LIFE INSURANCE COMPANY.

In October, 1856, Mr. H., a man of industrious habits, temperate in all things, and enjoying apparently good health, was suddenly taken at night with vomiting and severe pain in the bowels, without any obvious cause. Being the son of a physician, he resorted for several



hours to such means of relief as he deemed best, without calling professional assistance. Before morning, however, the family physician was sent for, and all the usual means, opiates, external applications, enemata, &c., were used, with but little success at first. Relief, however, was obtained; and, soon after, a somewhat protracted attempt was made to procure a free evacuation of the bowels, and with success. Within a few hours, the same symptoms recurred, and the patient died. A *post-mortem* examination of the body was made, and none of the viscera of the abdomen or chest bore marks of disease, except an apparently old contraction and adhesion to the pelvis of a short portion of the small intestine, pervious, however, and sufficient for comfortable use. The only unusual formation discovered was a small adventitious cord or ligament, of one or two lines in diameter, taking its origin on the peritoneum under the abdominal muscles, and crossing thence to the mesentery. A free fold of intestine passed under this cord, leaving room enough to pass the fingers readily around it. No strangulation existed, and no traces were found that there had been any.

In the absence of any decisive mode of accounting for death in this case, it was at first deemed probable that a more or less perfect interruption of the functions of the bowels by the adventitious cord might have produced pain, vomiting and death, but further reflection throws some doubt on this opinion. The case, however, is not reported simply for its pathological interest. A lawsuit subsequently grew out of it, which not only developed a new reason for refusing to pay the amount insured on the life of the deceased, but happily demonstrated that juries are not in favor of allowing evasive conjectures to outweigh the opinions of science.

It appeared, in evidence, that the deceased had effected insurance on his life at the office of the American Mutual Life Insurance Company, in New Haven. Payment on the policy was refused, not on the ground that the insured, or the physicians, had omitted to discover anything about him which could have been discovered, or had in any manner misrepresented anything. Insurance, it was claimed, was not made against death *which might have been* caused by the adhesion of the intestine or by the adventitious growth, or both, although the medical testimony believed both perfectly consistent with life, except by accident, of which there was no proof in this case. What the Company did insure against, did not appear. The jury were absent a sufficient time only to calculate interest on the claim, and returned into court with a verdict against the Company.

The case illustrates that no amount of care by physicians in certifying the condition of applicants for insurance will necessarily save surviving friends from the expense and distressing nature of lawsuits to obtain payment on life insurance. Does it not also demonstrate that there would be wisdom in constituting boards of directors in part of medical men? Looking back on the history of these companies, it will be found that the whole basis of the calculations on which their hoped-for success is founded, is derived from facts and observations recorded and arranged by the medical profession; that the principal safeguards relied upon by them to protect them from fraudulent misrepresentation, are in every case furnished by the same profession, and, to quote the words from a publication of this same Company,

"that the history of these organizations presents the lamentable truth that ignorance on the part of their originators and managers is the most fruitful source of misfortune." Is it not a reasonable suggestion that the one thing wanting is men in the "direction" who have made the causes of life and death the study of their life-time?

B.

*Bellevue Hospital, New York.*—Extensive improvements are making at Bellevue Hospital. An additional story is to be added to the main building and to each of the wings. When completed, the central building will be four stories high, with a capacious basement. The wings will be each three stories high, not including the basement. The upper story of the main building will be converted into an operating theatre and lecture room, capable of accommodating an audience of 600 persons. There will be accommodations for 1,200 patients, when the present alterations are completed; this is double the number which can now be received. A separate building of brick has been constructed for a dead-house, and contains a pathological museum and lecture-room. The hospital will be a model one, according to a description of it in the *New York Times*.

*University of Louisville, Ky.*—We learn that the new edifice of the Medical Department of the University of Louisville is going up, and will be completed in October, in season for the class. It will be recollected that the building of this school was destroyed last year by fire.

*Health of the City.*—The effects of the season are now beginning to be felt, and, combined with the results of the celebration of the 4th, have raised the mortality from 42 to 88, more than double. Of these, 14 were from casualties, and 2 were from unknown causes. Typhoid fever and cholera infantum are beginning to show themselves, each having caused 4 deaths. There were 18 deaths from consumption, 6 from scarlatina, 2 from croup. It is probable that the firing of *nine hundred* guns, and the noise which prevailed in the city throughout the day, had something to do with this remarkable increase in the number of deaths. In this way, for instance, we might account for 18 fatal cases of phthisis, instead of 8 of the preceding week.

---

ERRATUM.—In the last number, page 454, line 3, for "2-8 ounces" read 1-8 ounce.

---

*Communications Received.*—Case of Poisoning by Laudanum.

*Books and Pamphlets received.*—On the Nature, Treatment and Prevention of Pulmonary Consumption, by Henry M'Cormac, M.D.—Report of the New Hampshire Asylum for the Insane.—A Treatise on the Anatomy, Physiology and Diseases of the Human Ear, by James Bryan, M.D. (From the Author.)—Bills of Mortality of the City of Lowell, for the year ending Dec. 31, 1856.

---

DIED.—In Lowell, June 23d, Dr. Henry Whiting, 35.—On the Illinois Central Railroad, June 15th, by accident, Dr. Frederick O. Leffingwell, in his 33d year, formerly of New Haven, and a graduate of Yale Medical Class of 1847.

---

*Deaths in Boston* for the week ending Saturday noon, July 11th, 88. Males 49—Females, 39.—Accident, 9— inflammation of the bowels, 2— inflammation of the brain, 2— congestion of the brain, 2— cancer, 1— consumption, 18— convulsions, 4— cholera infantum, 4— croup, 2— dropsy, 1— dropsy in the head, 4— drowned, 3— infantile diseases, 7— puerperal, 1— epilepsy, 1— typhoid fever, 4— scarlet fever, 6— homicide, 1— intemperance, 3— disease of the kidneys, 1— inflammation of the lungs, 4— marasmus, 1— palsy, 1— disease of the spine, 1— suicide (by hanging), 1— teething, 1— unknown, 2.

Under 5 years, 32— between 5 and 20 years, 13— between 20 and 40 years, 27— between 40 and 60 years, 14— above 60 years, 2. Born in the United States, 56— Ireland, 24— other places, 8.

*Cinchona Bicolorata*.—This bark was introduced into American practice some years since, but with what success we are not informed. Dr. Carson, of Philadelphia, gives an account of it in the *American Journal of Pharmacy*, from which the following extracts are taken.

"The bark itself is described by Guibourt in the following manner: 'It is found under the form of straight quills, eight or ten inches long, completely rolled in double or single quills from half a line to three quarters thick, hard and compact, not fibrous, with a short fracture. The exterior surface is very even, of a uniform yellowish gray; the interior surface is of a deep brown or blackish color, sometimes gray, like the exterior, and then the bark does not present, in truth, the two colors, from which has originated its name. The fracture is deep orange; the taste is bitter, disagreeable, analogous to that of angustura; it has no odor. The powder has the color of that of the pale and red barks mixed.'

"It results from the experiments of Brera—1st, that the *Cinchona bicolorata*, when given in the quantity of half an ounce, cures intermittent fevers, while two ounces of the common cinchona is required. 2d, that the fevers which are cured by it rarely re-appear, which happens when Peruvian bark is employed. 3d, that it has operated with great efficacy in a pernicious cardiac fever, with vomiting. 4th, that the small quantity in which it is used prevents it from occasioning irritation; it possesses, on the contrary, the property of allaying vomiting, as in the case cited. 5th, that when employed in intermittent fevers, with inflammatory complication, it cures the fever without augmenting the inflammation. Drs. Carminati and Palleta have employed it with the same success, and before them the physicians of Treviso, Ghirlanda, Lovadina, Mainer, Ciotic, Adami, &c.; J. Zanetti, pharmacist, of the same city, was the first who pointed out the distinction of this bark from ordinary cinchona."

*A New Medical Journal* is announced as to be published in Constantinople, under the title of "The Medical Gazette of the East." It is issued under the authority of the Imperial Society of that city, and will be published monthly. It is printed in the French language. It is a notable characteristic of the French nation, that where they send their armies they also send scientific men, who are never forgetful of their profession.—*American Medical Monthly*.

*Judicial Decision respecting Physicians' Fee-Tables*.—Dr. John D. Hill was expelled from the Erie Co. (N. Y.) Medical Society for acting as physician to the County Almshouse at a lower price than specified in the regular tariff. In an action against the Society, the Court decided:

- "1. The regulation (the tariff of prices) in question was unauthorized.
- "2. It was unreasonable.
- "3. It was against public policy and the law.
- "4. The disfranchisement of the relator was unauthorized and illegal.

"It follows that he must be restored or recognized as a member of the Medical Society, and permitted, without molestation, to enjoy the rights and privileges of a member."

*Medical Miscellany*.—The *Philadelphia Medical and Surgical Journal*, instead of being discontinued, as we announced last week, comes out in an enlarged size, the July number being the first of volume V. Dr. James Bryan will continue the editor, and Messrs. Holland & Edgar are the publishers.—Dr. R. M. Huston, of Philadelphia, has been compelled, from ill health, to resign the professorship of Materia Medica and Therapeutics in the Jefferson Medical College.—Dr. W. C. Ravenel has been appointed, by His Excellency, the Governor, Port Physician for Charleston, S. C., *vice* Dr. Thomas Y. Simons, deceased.—Dr. J. C. P. Wederstrandt has resigned the professorship of Anatomy in the medical department of the University of Louisiana, and Dr. J. C. Nott, of Mobile, Alabama, has been elected to fill his place.—Professor Blackie, recently from Edinburgh, Scotland, has arrived at the University of Nashville, and will shortly enter upon his duties as Professor of Botany in that institution.—Rokitansky has just published a second edition of his *Pathologische Anatomie*; the work is said to be so completely transformed as to be irrecoznizable.



THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. LVI.

THURSDAY, JULY 23, 1857.

No. 25.

---

CHLORATE OF POTASH IN PSEUDO-MEMBRANOUS ANGINA  
AND CROUP.

[Translated for the Boston Medical and Surgical Journal from the *Gazette des Hôpitaux*.]

EVERY day supplies us with new examples of the efficacy of the *chlorate of potash* in pseudo-membranous affections of the mouth. Dr. Garasse, of Calais, informs us that since the month of November, 1856, he has had occasion several times to employ this medicine, and that in two of the most grave diseases of this description, pseudo-membranous angina and croup, he has obtained the most satisfactory results; out of twelve cases, he writes us, he has had twelve cures.

The Calais physician has, moreover, ascertained, as was announced by M. Isambert in his monograph on this subject, that the chlorate of potash is perfectly harmless in its effects on the digestive organs. Taken in the dose of from fifteen grains to five drachms, it produced no disturbance, as he observed in experimenting upon himself. After taking five drachms of the salt in twenty-four hours, the only phenomena which he experienced were a tolerably abundant salivation, and a strong saltish taste. Young patients to whom he gave it, took as much as from three to four drachms daily, and in two instances only he observed it to cause vomiting of brief duration. In another case the catamenia were suddenly suppressed in a young girl of sixteen years; she had taken two and a half drachms of chlorate of potash for some patches of false membrane on the tonsils and anterior surface of the soft palate. The chlorate of potash was always given in solution with sweetened barley-water, in the proportion of from one to four drachms of the salt to twelve or sixteen ounces of the vehicle; this was taken without repugnance by children, and as much of it as they would take was given them during the first twenty-four hours of the disease.

The doses prescribed were from two to four drachms daily for subjects between the ages of eight and twelve; from one and a

half to two and a half drachms for those between three and eight years; the quantity of the salt being gradually reduced to one drachm daily. Each patient averaged between five and seven and a half drachms of the chlorate during the course of the disease. The cure was complete from the twelfth to the fifteenth day. The false membranes were detached generally in twenty-four or thirty-six hours; the fever then diminished, and the respiration became more free. Emetics were then given, which, by the mechanical action of the vomiting, appeared to aid materially the separation and expulsion of the lymph.

In the twelve cases treated by M. Garasse, cauterization with the nitrate of silver was only employed once; this agent appearing to counteract the operation of the chlorate. So long as the false membranes were visible, the medicine was continued, and was not omitted until they had completely disappeared. Insufflations of calcined alum were then ordered, as an application to the bright red patches which were to be seen in the places occupied by the false membranes. One or two foot-baths, with mustard, were ordered daily, and one patient had sinapisms applied to the legs. It has been remarked that the chlorate of potash seemed to dissolve the false membranes. M. Garasse has not observed this fact; it has always appeared to him that they preserved the same thickness which they had at the time when the treatment was begun.

The following observation is offered as a specimen of those which have been transmitted to us by M. Garasse.

Achille L., aged 11 years, of a miserable constitution, having a luxation of the left thigh of long standing, with caries and abscess, was attacked, March 2d, 1857, with pseudo-membranous angina. There was intense fever, pulse at 140, the cervical glands were swollen, respiration difficult, deglutition almost impossible. The soft palate, tonsils, anterior pillars, and cavity of the pharynx, were covered with a thick layer of false membrane. There was occasional cough, but no symptoms referrible to the larynx or bronchi.

*Treatment.*—Three drachms of chlorate of potash in barley-water sweetened with honey, to be drunk as freely as possible. In the evening, the child was in the same condition.

On the 3d, the pulse was at 120; cervical glands still swollen; respiration rather more easy; the membranes still remain. Chlorate of potash, ʒijss. in twelve ounces of vehicle.

4th.—During the night the child spit out several membranous strips. The false membranes are separating; pulse 100; cervical glands less swollen and less painful; respiration easy. Chlorate of potash, ʒ iss.; sweetened barley-water, ʒ x.

5th.—Evident improvement; pulse 100. The soft palate, left tonsil and a part of the pharynx are free from lymph. Chlorate of potash, ʒ i., to barley-water, ʒ x.

6th.—Respiration normal; pulse 80; the false membranes have disappeared, the parts which they covered being of a bright red color. Gargle of solution of alum, chicken broth, wine of quinine.

7th.—The child asks for food; pulse 70. Same treatment.

12th.—Complete recovery.

We take this opportunity to call attention to a pharmaceutical preparation which M. Detham, apothecary, of Paris, has invented, to facilitate the administration of this medicine to children. It consists in combining the chlorate of potash, in the proportion of one fifth part, with sugar, and making it into lozenges, according to the following formula:—sugar, in powder, 800 parts; chlorate of potash, 200 parts; gum tragacanth, aromatic water, *aa* q. s. Having made these ingredients into a homogeneous mass, it is to be divided into lozenges of about ten grains, each containing three or four grains of the salt. We think this preparation will be found useful.

---

#### POISONING BY STRYCHNIA TREATED BY INHALATION OF CHLOROFORM.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In the Journal for June 4th (page 368), I notice an extract from the *Pharmaceutical Journal*, in which allusion is made to a case of poisoning by *strychnia*. It has been my opinion that the effects of strychnia might be controlled by anæsthetic agents, early resorted to, and so far as a solitary case can prove anything in medicine, the following confirms that opinion.

On the 24th of April, about 12 o'clock in the night, I was hastily called to visit a son of Mr. A. Fairchilds, who, it was stated, had taken poison. On repairing to his residence, situated about one hundred rods distant, I met Dr. F. Goodyear, who had been previously summoned. The patient, a lad aged 15, had been suffering in the evening with toothache; his father, designing to give him an *anodyne*, gave a portion of strychnia which he had procured to destroy rats, and had accidentally placed in his wallet, with some powders of sulphate of morphine, similarly put up. The boy retired to an upper room, and very soon became affected with spasms, rose from his bed, made an attempt to reach the door of his apartment, and fell upon the floor, thus alarming the family. Dr. G., who resided near, was immediately called in, and elicited the above facts.

The patient was at the time resting across his father's lap, with countenance suffused and livid, eyes injected and protruding, pulse full and strong, but irregular, surface bathed with perspiration, &c. Violent tetanic spasms were occurring in rapid succession, like the effect of shocks from an electrical battery. Occasionally they



would relax for a moment, but the slightest touch upon the surface, or an attempt to present anything to his mouth, seemed to redouble their violence. No effort had been made to procure emesis, nor did that seem practicable, as deglutition was out of the question, and the violent convulsive movements precluded the possibility of effecting it by mechanical means.

Chloroform was at once administered by inhalation, and freely applied to the spine. The inhalation was somewhat difficult at first, but as he came gradually under its influence the spasms subsided, and in ten minutes he was perfectly quiet. On suspending the remedy the convulsive symptoms returned, but yielded again as it was resumed. Partial anæsthesia was kept up for about four and a half hours, when it was discontinued without any return of the symptoms. No other remedy was used, save an occasional dose of sulphuric ether, with brandy and water. The boy recovered rapidly, complaining for a few days of a slight headache and a feeling, as he expressed it, as though he had been intoxicated.

The poison was put up in a small paper, and, as it was thought a large dose of morphine, it was divided, and one half administered. The remainder weighed nearly *two grains*, which was probably about the quantity given. It had doubtless been administered some thirty or forty minutes before medical aid was obtained. An unusually large amount of chloroform was inhaled, but from the necessarily wasteful manner in which it was applied, we could not determine how much.

H. O. JEWETT.

*Cortlandville, N. Y., June 10th, 1857.*

---

## VACCINATION.

BY L. A. SMITH, M.D., NEWARK, N. J.

I HAVE recently looked over the proceedings of the late meeting of the Medical Society of New Jersey, and the interesting address of the President on re-vaccination, and have amused myself in jotting down my own experience, which I send you.

I was vaccinated in 1810, and had a moderately sore arm, from which matter was taken to vaccinate others. My first exposure to smallpox was, as far as I know, about twelve years after, when I had commenced the practice of medicine, and from this I escaped. At that time I vaccinated my first child, and re-vaccinated my wife and myself. With me the virus took but little effect, and soon passed off. My wife had a pustule not unlike other vaccine pustules at first, but more readily forming a scab, which was gradually enlarged to the size of a shilling, and was a long time in healing. This effect I have often noticed since, in other patients. She was vaccinated when an infant, in the year 1802, by the late Dr. Abram Clark, of this city, and, I have heard the

doctor say, was the first person vaccinated in this State; and that he obtained the virus from Dr. Benj. Waterhouse, of Cambridge. My child, vaccinated at the same time with myself and wife, had the kine-pock perfectly, as did several other children, proving the purity of the virus. Two years afterward, having occasion to vaccinate my second child, I re-vaccinated all the members of my family. The infant took the disease and passed regularly through it. All the rest of us escaped with a slight local inflammation for a few days. I pursued this course in my family at intervals of two to four years, till all of my children, six in number, had passed the ordeal, and all, in my opinion, were secure against smallpox. Some of them had small pustules, and in one instance a bad sore, which was long in healing. To prove that the vaccination has not worn out, I have only to state, that I am very frequently attending smallpox, and that my son, the second in the list above mentioned, has been seven years in the practice of medicine, and has been often exposed to smallpox in its most virulent form, among the poor of the city, as Ward Physician, and we have both escaped.

That vaccination disarms smallpox of its virulence, reducing it to the mildest form of varioloid, even after the contagion is in the system, has been verified in my experience in no less than four instances. In all of them, I knew the patients must have been thus exposed for some days, one six, and by vaccination they all passed safely through the disease with but little fever and short confinement, and fewer pustules than I have ever seen in any other case of varioloid.

From my experience thus stated, in part, I have formed the following opinions:—

1st. That a *perfect* vaccination affords a *perfect* protection from smallpox, during life, and that if this be done in *all instances* soon after birth, smallpox may be *eradicated*, as Dr. Jenner supposed it would be.

2d. That in many subjects *one* vaccination is sufficient to eradicate the susceptibility to smallpox, while in others two and *sometimes more* are required, and therefore it is important to re-vaccinate as long as an impression can be made. This in families can be done, as it was in my own, as new members are added to their number.

3d. That vaccination will protect the life, and greatly mitigate the distress of a patient who has already taken the smallpox, if done in time to allow the first disease to pervade the system.

4th. That the common idea that the sorer the arm, from vaccination, the better the protection, is a mistake, and that a very small pustule which goes through the regular stages and produces a constitutional effect about the ninth day, is more generally *perfect* than one that produces great inflammation, pain and swelling

of the limb, and affecting the glands. Indeed, I am always suspicious of a case where this has occurred, and take an early opportunity to re-vaccinate, and have often had my suspicions verified by a good pustule.

5th. That the virus should always be taken before the areola forms, if taken from the pustule, and with great caution, as it does, in some instances, interfere with its progress. My own practice has been to save the scab and insert it in a pulverized form, by means of Fancher's Vaccinator, which is a very convenient instrument, and saves much time, and never produces unnecessary inflammation.

6th. That the virus should never be taken from any but healthy infants of healthy parents, and then there is little danger of propagating any other disease, as many think may be and often is done.

7th. That eruptions often occur after the most careful vaccination, and are owing to some peculiar idiosyncrasy, although the friends of the patient believe that it was owing to the virus. Hence the importance, of the last rule, which may save the physician from blame.

8th. That a small scar, with pits or indentations around its border, is a much better evidence of the perfectness of vaccination, than a large, smooth and glossy one, though many think that the bigger the scar the better the vaccination.

9th. In re-vaccinating a patient who has a good scar, if the matter produce inflammation and itching for a few days and then dry up, I infer that the first vaccination was *perfect*. If it do not produce any other effect than is common to a slightly abraded surface, I infer that the virus is not good, and immediately make another attempt with a new supply.

I could illustrate all these opinions, by reference to cases under my own experience of 36 years, were it worth my while to write, or yours to print them. In this time I have vaccinated many thousands, and have been a careful and interested observer, and have yet to hear of the first instance of any case of varioloid or smallpox in a person vaccinated by me satisfactorily, except the four already mentioned; and if these crude thoughts assist any of the junior members of the profession in their search after the better way, I shall be more than satisfied.—*Med. and Surg. Reporter.*

#### ON THE ESCHAROTIC ACTION OF THE SULPHATE OF ZINC.

BY EBEN. WATSON, M.D., SURG. TO THE ROYAL INFIRMARY, GLASGOW.

THE cases of ulcer of the leg, admitted into the chronic wards of the Glasgow Royal Infirmary, are very numerous and of all different kinds. In some of these cases the simplest local and



constitutional treatment suffices for a cure, rest and cleanliness being, in fact, the chief agents in the process of restoration; in other cases, however, more active measures are required. In many, the inflammation from which the ulcer has already resulted is still going on around the sore; and, in these cases, local or even general antiphlogistic measures may be necessary. Another numerous class of ulcers consists of those in which the combination of syphilis, with the abuse of mercury, lies at the origin of the local malady; and in them the iodide of potass is markedly beneficial. But by far the largest class of cases is composed of old and callous ulcers, with elevated margins and pale unhealthy granulations covering the excavation in the centre.

In this last class of cases I have tried many plans, and have had considerable success with several of them, for the very good reason that the same ends were accomplished by all, though in somewhat different ways. I have treated very many callous ulcers in Mr. Syme's method, viz., by the application of a blister over the sore and neighboring parts. I have found that this is not such a painful treatment as one would at first suppose, and under it the elevated margins are often speedily discussed, and the granulations entirely altered in their character, no longer running into unhealthy pus, but rising up in the ulcer, and becoming organized there into healthy fibro-cellular tissue; a little pressure with straps and a bandage greatly hasten, after a time, the skinning of such a mass of granulations.

I have also tried several stimulant applications, such as the solid nitrate of silver, and the dilute nitric acid, both of which I have found act well in certain cases, where the granulations were unhealthy, but the neighboring parts not much altered; in strumous ulcers, and in some secondary syphilitic sores, I have found them of especial advantage. I have chosen several cases of very callous ulcers, for the trial of the sulphate of zinc as an escharotic, and shall now state the results of this trial.

CASE I.—The first case in which it was tried was that of a man who had five callous ulcers on the left leg, apparently of syphilitic origin.

On the 20th January, an ointment, consisting of anhydrous sulphate of zinc, mixed with glycerine, was spread upon bits of lint the size of the ulcers, on which they were then laid; they were retained in apposition with the sores for eleven hours, during which the man suffered very acute pain, and when the dressings were removed the parts beneath were found corroded. A poultice was applied and opiates freely administered, but the pain continued very severe for several days and nights; by the fifth day the sloughs had all separated; they were peculiarly tough and leathery in their consistence, and about one eighth of an inch

thick. The surfaces thus exposed were healthy and granulating, they speedily rose to a level with the neighboring parts, and became skinned over so as to diminish the size of the ulcers fully one half; but owing to some cause which I cannot satisfactorily explain, and which was probably of a constitutional nature, the healing process was then arrested, and on the 3d March most of the ulcers remained still uncovered, but filled up with indolent granulations, while in one case these had been partially destroyed by secondary inflammation.

CASE II.—In this case the ulcers were larger; they were situated on both legs, of fully a year's duration, and also of apparently syphilitic origin.

January 21st, ointment of sulphate of zinc, the same as in former case, was applied on lint over the ulcers; the pain occasioned was so great that the dressings were removed in an hour and a half after their application; the ulcers were, however, already corroded; poultices were applied and opiates administered. Two days afterward the sloughs began to separate, and the sores were then dressed with camphorated oil, over which poultices were applied. By the 25th all the sloughs had separated; they were thinner, but of the same character as those in the other case; the surfaces exposed were healthy and granular, and by February 3d they are reported to be "nearly closed." In a few days afterward the patient was dismissed cured.

CASE III.—The powder of the anhydrous sulphate of zinc was sprinkled over an old and callous ulcer of leg; it caused immediate and very acute pain for five hours, when a draught of morphia put patient asleep; he awoke free from pain; the ulcers were corroded and rendered brown on the surface; beneath this crust they rapidly healed without the separation of more than a very small slough, which left a healthy granulating surface. In this state the man was dismissed at his own request.

My friend, Dr. M'Ghie, had the sulphate of zinc fused and run into moulds, and in this form it was applied to several ulcers, acting as a good but very painful escharotic. On the suggestion of the same gentleman, I gave a trial to the bisulphate of potash as an escharotic. I employed it in the form of powder, and also in that of an ointment with glycerine, but its action was found to be very feeble; it gave little pain indeed, but the sloughs were very slight and long of separating. I then used a mixture of the sulphate of zinc and bisulphate of potash; this mixture acted more powerfully than the bisulphate alone, but its action was probably due to the presence of the sulphate of zinc, the other ingredient only acting as a diluent. In one case I had the powder of sulphate of zinc mixed with gypsum, in the manner in which Dr. Ure long ago applied the chloride of zinc, and I believe this to be a

useful mode of applying it; the action of the escharotic is thus rendered more gradual, and perhaps less severe than when applied in any other form.

In two cases I procured the removal of syphilitic warts, one in the neighborhood of the anus and the other on the prepuce, both covered with skin, by the action of the sulphate of zinc; thus showing that that escharotic will destroy the skin if kept in contact with it for a sufficient length of time.

The idea of attempting to destroy by escharotics certain tumors, and even cancerous ones, of greater size than those just referred to, is by no means a new one, and the practice has been defended on various principles. Thus Dr. Ure thought that the substance of cancer consisted chiefly of albumen, and that, as the chloride of zinc had a strong affinity for that proximate principle, it was fitted to search it out among the tissues of the affected part, in a way that no surgeon could do with his knife. But, unfortunately, other and more recent analyses of cancerous matter do not bear out the opinion of Dr. Ure; and, on the other hand, the substance of most of the tissues and organs with which cancer is usually mixed, consist normally, in great measure, of albumen; besides, we have it abundantly in the blood, circulating in the vessels of the part. On Dr. Ure's supposition, therefore, of chemical affinity, no selection could be made by the chloride of zinc between healthy and unhealthy parts. This is equally true of the sulphate as of the chloride of zinc. In whatever way it destroys the life of tissues, there is no selection made between the normal and abnormal. There is no sparing of this part or that; but all are involved in the same destruction, until the destroying agent loses its power, or is removed.

It may be asked if, after all, the sulphate of zinc is capable of removing such a tumor, for instance, as a cancerous mamma; and my answer would be, that it is capable of such an action if the applications are very frequently repeated in immediate succession, so as to maintain the destructive action for a sufficient length of time. But the pain endured by the patient during this tedious process must be far greater than that of excision of the affected organ. In the latter case, chloroform may be used to free the patient entirely from the pain of the operation; and afterward, in the great majority of cases, the pain of the wound and of its dressing is very little complained of; while, on the other hand, the pain of the escharotic is prolonged over far too long a time to admit of the employment of chloroform for its relief. Indeed, from what I have seen of the action of the sulphate of zinc, I am tempted to think that it is both too painful and too slow an agent to be used for the purpose above referred to, and that the chloride is more likely than the sulphate of zinc to be the chief ingredient in the empirical applications so much



vaunted of late. It must be admitted, however, that the process of so-called cancer-curing is now well known to be both slow and excruciatingly painful—a fact which rather tends against the opinion just expressed, as to the nature of the escharotic agent in the mystical paste. That opinion was founded on the comparative suitableness of the two substances named; but perhaps such an argument has not much weight in reference to an empirical nostrum invented and applied by ignorant persons.

With regard to the question of the superiority of escharotic applications over the knife of the surgeon, there is no doubt in my mind, and I believe there will ere long be no doubt in the minds even of those who are at present forsaking the consulting rooms of scientific surgeons for the abodes of charlatans and cancer-curers. No escharotic can extirpate the disease more surely than the knife, in any case suitable for interference by the surgeon at all. While the disease is local, while the system is little or not at all affected by the cancerous poison, surely removal of the whole organ affected, when performed by a person capable of judging of the soundness of the parts in which he cuts, gives a more rational prospect of cure than leaving the extirpation to the blind operation of a tedious and indiscriminate chemical agent of destruction. Yet I do not mean to say that there are no cases of cancer in which I should use escharotics; but I would restrict their employment to cases in which no thorough extirpation of the growth was to be attempted, and in which the healing, or, at all events, the modification of some cancerous ulceration was the sole object in view. For this purpose I believe the sulphate is perhaps as suitable as the chloride of zinc; but I cannot say that I think it at all superior.—*Glasgow Medical Journal*.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JUNE 8th.—*Kick of a Horse; Rupture of the Small Intestine; Death.* The specimen was shown by Dr. ELLIS, and the case reported by Dr. CABOT.

The patient, P. M., was an Irish laborer, aged 19. On the morning of the 20th of May, while at work in a stable, and incautiously stooping down behind a vicious horse, the animal gave him a violent kick in the abdomen. Faintness immediately followed, but he soon recovered sufficiently to be conveyed to the Hospital. On his entrance, he complained of intense pain in the region of the umbilicus, keeping both hands pressed upon the spot. He had a strong desire to pass water, but was unable to do so. He stated that he micturated only five minutes before the accident. The catheter was passed by the house surgeon, and about half a pint of urine, slightly tinged

with blood, was drawn off. No mark of injury was discovered on the abdomen. The skin was warm. Pulse 76, feeble. Vomiting incessant. Half a grain of calomel was ordered every half hour till the vomiting should cease; also, sixty drops of laudanum in hot brandy and water, a mustard poultice over the whole abdomen, and an enema of warm water.

At 5, P.M., he seemed much relieved, there being less pain in the abdomen, and the urine passing more freely. The vomiting also had ceased. He however passed a restless night, and on the following morning the hands and feet were quite cold, the pulse imperceptible, the skin covered with dusky patches, and the lips bloodless. He complained of inability to pass water. A catheter was introduced, but no water came through it; and on withdrawing it, clots of blood adhered to its extremity. Hot water was now ordered to the feet and axillæ, a sinapism to the epigastrium, and 60 drops of laudanum in hot brandy and water as often as pain should be felt. Shortly after, the patient got up and walked to the water-closet, but was brought back at once. He had vomited a bilious fluid at intervals during the morning. At 11 o'clock he became insensible, and in half an hour more he died.

*Sectio Cadaveris*, by Dr. Ellis, 22 hours after death. On opening the peritoneal cavity, there was an escape of foetid gas. The serous membrane was everywhere much reddened and quite extensively coated with recent lymph, by which the loops of the small intestine were slightly glued together. The cavity contained two pints and a half of a greenish liquid, composed of serum, pus, and the greenish contents of the small intestine.

At a point ten feet from the pylorus was a lacerated opening, about half an inch in length, the margin of which was formed by the everted mucous membrane. The portion of intestine involved lay, at the time of the examination, just within the pelvis.

Beneath various parts of the pericardium were small ecchymoses; some staining of the lining membrane of the aorta. The other organs were all examined and found healthy.

JUNE 22d.—*Perforation of the Gall-Bladder, and Escape of its Contents into the Peritoneal Cavity.* Dr. ELLIS showed the specimen, which was from a patient of Dr. HOOKER, of East Cambridge, who reported the case.

Dr. H. was called, on the 16th of April, to see a girl 9 years of age. She had not been well for three days previous, during which time she vomited and complained of pain in the bowels. At the time of the first visit she had headache, sickness at the stomach, irritable bowels, great heat of the skin; was restless and watchful. There was no delirium; the tongue was coated brown, moist; pulse 90. These symptoms continued nearly the same for the first three weeks, with occasional intermissions and exacerbations; the pulse ranging from 90 to 100. The bowels were painful, tender on pressure, with inclination to diarrhœa, and moderately tympanitic. No rose spots were discovered. The tongue, a part of the time, was parched and dry, generally moist at the edges. There was sickness at the stomach and vomiting every day, from the commencement till nearly the close of the disease. About the fourteenth day, the patient complained of great soreness and pain in the rectum, and the use of enemata was

excessively painful. Aside from the pain in the rectum and head, the pain was principally in the right side, from the epigastric region downward. She had occasional attacks of severe pain in the right leg and ankle after the first ten days. No swelling or inflammation was perceptible in the limbs. The principal seat of pain was in the region of the liver and just below. Vomiting was excessively painful. Large quantities of yellow and green watery matters were thrown many times a day from the stomach, after the first two weeks of the disease.

At the close of the third week a swelling was discovered a little above and to the right of the umbilicus. It was excessively tender on pressure, and a thorough examination of it could not be obtained. It seemed at first hard and circumscribed, but before death there was distinct fluctuation in the tumor, and it had extended upward toward the liver. For the last four weeks little if anything was retained on the stomach, except iced water and an aqueous solution of morphine. During that time also the skin became very dark, having a livid appearance. Death occurred during the seventh week of her disease.

An older brother was taken sick in the second week of her illness, with typhoid fever, and did well.

*Sec tio Cadaveris*, by Dr. Ellis. At the time of the examination, the right side of the abdomen was flat on percussion, from one point situated somewhat to the left of the ensiform cartilage, to another three inches below the umbilicus. From the latter, the line separating the flat and resonant portions ran obliquely upward to about the extremity of the eleventh rib.

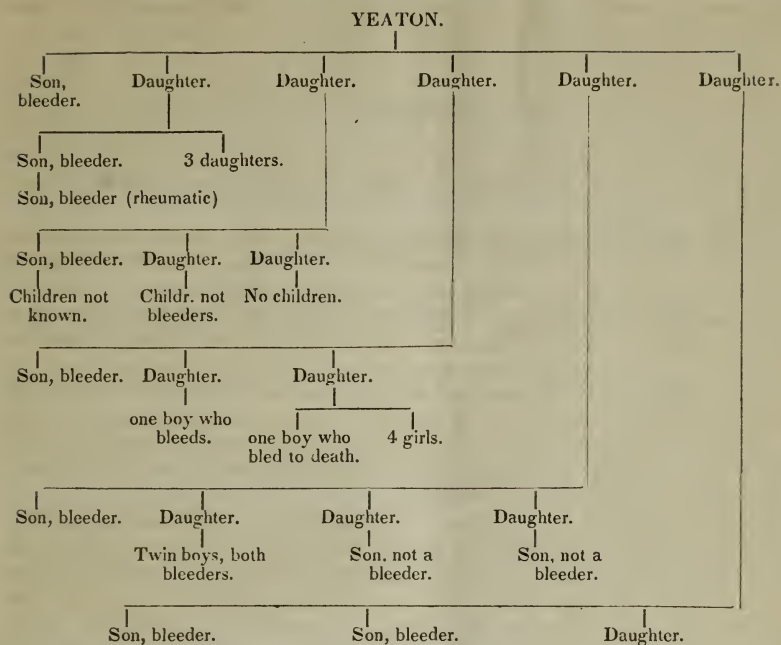
In the peritoneal cavity below, limited by adhesions, was a large collection of yellowish fluid, apparently a mixture of bile and pus, amounting, by estimate, to three or four pints. This lay above the liver and great omentum, and could not have been of long standing, as the adhesions were separated with ease, and the yellow lymph coating the various parts was soft and recent. The right lung and diaphragm had been pushed up by the fluid in the abdomen. The gall-bladder was adherent to the duodenum and ascending colon. Between it and the latter was an opening three lines in diameter, through which the contents of the intestine were seen to escape after the separation of the parts, which could not have been long united. In another part of the bladder, about midway between the fundus and duct, were two large free openings, with thin margins. The surrounding portions of the parietes were of a dark-green color, and presented no well-marked appearances of inflammation or ulceration. The ducts were all pervious.

The peritoneum was everywhere much reddened, but none of the usual products of peritonitis were found, except in the part above described. The lower part of the small intestine was quite red, but no disease of Peyer's patches existed.

The other organs, with the exception of the brain, were examined and found healthy.

JUNE 22d.—*Family of Bleeders*. Dr. GOULD exhibited the following table, showing that all the male descendants of a family of bleeders, for two generations, and many in the third—nearly all, as far as known—had this constitutional peculiarity. Nearly all were more or less subject to rheumatism. No female had had hæmorrhage.





### Bibliographical Notices.

*Experiments upon Digestion.* By FRANCIS G. SMITH, M.D., Professor of the Institutes of Medicine in the Medical Department of Pennsylvania College. 8vo. pamphlet, 18 pages. Philadelphia. 1856.

DR. SMITH, in connection with Prof. R. E. ROGERS, of the University of Pennsylvania, by whom the chemical analyses were conducted, had an opportunity of experimenting physiologically, during the last year, upon Alexis St. Martin, the Canadian who has a fistulous orifice in his stomach. In this pamphlet are detailed the experiments, and the results at which they arrived. The nature of the acid contained in the gastric juice, and the influence of this secretion upon the different kinds of food, saccharine, oleaginous and albuminous, were the points under consideration. As to the nature of the acid, it is well known that physiologists have differed. Some contend that it is phosphoric, acetic, lactic, or butyric acid; others that it is hydrochloric: and still others that it is an acid salt. It was thought that hydrochloric acid was found in the digestive fluid of St. Martin, when he was examined by Dr. Beaumont, in 1833, but it is probable that the hydrochloric acid obtained came from the chlorides by the application of heat in the presence of lactic acid.

The analyses were made upon the fluids of the stomach while digestion was in progress, for that withdrawn when fasting soon became putrescent. The temperature of the stomach while digestion was going on, was about 100 to 101 deg. Fah.; when empty, about 98 to

99 deg. Fah. The gastric fluid was always acid; the reaction of the walls of the empty stomach, distinctly neutral.

The experiments seem to have been made with great care and accuracy; they were several times repeated, and the results compared with the analyses of the fluid of digestion obtained from the stomach of a healthy person (whom we understand to be Dr. Brown Séquard, the well-known physiologist, who has the power of regurgitating, or vomiting at pleasure, the contents of the stomach). The conclusions at which Dr. Smith has arrived, are, that

“1st, The secretions of the stomach when digesting are invariably acid.

2d, The acid reaction is not due to the presence of phosphoric acid.

3d, That *if* hydrochloric acid is present, it is in very small quantities.

4th, That the main agent in producing the characteristic reaction is *lactic acid*.”

As to the influence of gastric fluid upon various kinds of food, these experiments showed that the opinions universally held, with regard to the solution of albuminous matters, and the simple disaggregation of oleaginous matters in the stomach, are correct. Concerning amylaceous food, however, and its conversion into grape sugar, it would seem to be demonstrated by these researches, that there is a transformation of the former into the latter in the presence of gastric juice in the stomach, as is asserted by Lehmann, Mialhe, Carpenter and others, contrary to the ground maintained by Bernard and Dalton that gastric fluid arrests the process of conversion. Wheaten bread was introduced through the fistulous orifice, permitted to remain an hour and a half, and as little saliva as possible swallowed meanwhile. The fluid was removed, filtered through charcoal, subjected to Trommer's test, and found to contain grape sugar. The author suggests, that, as the experiments of Dr. Dalton were performed mostly upon dogs in whom he had established fistulous communications with the stomach, the non-conversion of starch into glucose might have been due to the greater acidity of the gastric juice of that animal. In man, certainly, it appears demonstrated now that the transformation does take place.

---

*A Treatise on the Anatomy, Physiology and Diseases of the Human Ear.*

By JAMES BRYAN, M.D., &c. Philadelphia. 1851. Published by the Author.

WE have just received from the publisher, who, it appears from the title page of the book, is also its author, a work with the above title. Why we are favored with a copy at this late day, for it seems the book was published six years ago, in 1851, we cannot divine, unless the author expected us, by a favorable notice, to extend its sale. Yet even at this eleventh hour, it gives us pleasure to acknowledge the courtesy, though we cannot conscientiously recommend the “*treatise*” to our readers. The book is a duodecimo of only 124 pages, and in that brief space professes to treat of the anatomy and physiology as well as the diseases of the ear. It contains some excellent practical remarks, but is superficial; it lacks the thoroughness which at the present day we have a right to expect from a monograph written by a specialist on a special subject.

E. H. C.

---

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

---

 ~~~~~  
 BOSTON, JULY 23, 1857.
 

---

## THE REPORT UPON CRIMINAL ABORTIONS—COMMENTS OF THE NEW HAMPSHIRE JOURNAL OF MEDICINE.

THE *New Hampshire Journal of Medicine*, for July, devotes nine of its twenty-nine pages to the subject of criminal abortion. Had its observations been confined to the subject itself, to the recognition of its acknowledged importance and general relations, no one could reasonably have objected to the length of its quotations, or would care to notice the diluted running commentary upon them. It savors very strongly, however, of meddling with other people's business, when it steps from its granitic retreat into the midst of our District and State Society's assemblages; and, not then content, blows its small condemnatory trumpet at us, with such an air of pomposity. We have, notwithstanding the blast, nothing to add to, or subtract from, the explanatory remarks contained in our issue of June 11, 1857; but we purpose to take up the points of blame so flippantly made against us by the *New Hampshire Journal*, and briefly to examine the ground for them.

In the first place, it is an impertinence in one who was not present during the discussions, and who, by consequence, cannot be thoroughly in possession of the facts, to attempt a criticism upon any isolated portion of them; and such an one's idea of *the whole matter*, must likewise needs be defective. The editor of the *New Hampshire Journal* must be content to incur this imputation, or else he must admit that a goodly part, if not all, of his *editorial*, was furnished for his pages by a participant in the actual performances to which it relates. Certain expressions in the article render the latter supposition not improbable. Whichever horn of the dilemma be chosen, we submit that neither is creditable to the *New Hampshire* editor.

Next, the writer of the editorial says, he "cannot forbear noticing an *infamous statement* (italics are ours) in a late number of the Boston Medical and Surgical Journal," &c., alluding to the sentence which we quoted in our notice previously mentioned (see this Journal for June 11th, 1857). Our critic then goes on to speak of the unsatisfactory excuse for the statement referred to, offered by the editors in a subsequent number of the Journal; and finally, we are accused of assuming a position, *now*, "strangely at variance" with that taken by us December 13, 1855, when noticing Professor Storer's Introductory Lecture before the medical class of that year. We have our text.

With regard to the "infamous statement"—it doubtless might bear that courteous appellation, understood as the *New Hampshire* editor understands it; but we can, with entire confidence, refer those whose opinions are worth having, to the article already cited, for our views. Moreover, we "offered" no "excuse"—simply because we did not recognize the offence charged upon us; our critic's term is therefore a false one—and, by the same token, the like is true of the word



“apology,” with which we are, quite gratuitously, credited by the same sapient writer.

There only remains the allegation, from New Hampshire, that our present position is “strangely at variance” with that occupied by us in 1855, when discussing this subject. This latter statement is destitute of truth in every letter. It is very commonly the misfortune of those who have flaws picked either in their written or spoken communications, to be only *partially represented*. This arises, mainly, from two sources—gross negligence or wilful omission. Here, as above, the editor of the *New Hampshire Journal* is welcome to ride on either horn of dilemma number two. We boldly assert that our sentiments, *now*, are the same as they were in 1855—not a whit different—except that we see even more plainly the necessity of enlightening the pitiable ignorance of those who allow, or seek for, the perpetration of the crime ; and we are ready again to utter the words used by us in 1855 in reference to Dr. Storer’s Address, and which have been transferred to the pages of the *New Hampshire Journal*, viz., “for ourselves we have no fear that *the truth* as told by the writer of this address in reference to the crime of procuring abortion, and the scarcely less heinous offence of preventing impregnation, would do aught but good in this, or in any city.” How much does this language differ in sentiment from the following, in our article of June 11, 1857 ? “Coinciding as we ever have with those who see the necessity of dispelling the ignorance above referred to, and of exposing the wickedness of criminal abortion at *all* periods, we lose no opportunity presented to us to do our share of the work. This is not only the province, but the duty of every honest man ; how far legislative action can advance reform, is a questionable matter which we need not here consider.” We will be greatly indebted to our reviewer if he will cause us to see the “strange variance” in our views at the two periods named. The great question, at the meetings of the Suffolk District Medical Society, was upon the *legislative* aspect of the subject. An expression of private opinion upon the flagitious acts under debate, although collaterally elicited, was by no means *necessarily*, made prominent. We, however, were glad of an opportunity to give our own estimate of the crime in question ; and we again challenge conviction as to “variance” in our sentiment—a charge which, although serious in itself, derives its chief importance from the source whence it emanates. In the present instance, it is so blunderingly made and so groundless, that it calls for no further notice than we have condescended to bestow upon it, and we should not have given it thus much attention had the subject not been already made public. Unless the *New Hampshire Journal* can go more surely and truthfully about its crusades into a neighbor’s country, we must advise for it a closer attention to proof-reading, at home, and frequent contemplation of the many lessons taught by that excellent maxim—“*ne sutor ultra crepidam.*”

---

#### HOMŒOPATHY ; ITS TESTIMONY AGAINST ITSELF.

WE publish the following communication, because we are unwilling to incur the imputation of unfairness toward any one. Having thus afforded an opportunity to each party for the expression of opinion, &c., we must decline giving any more space in the Journal for the pur-

pose of continuing a discussion which could interest but very few of our readers. The latter, if they wish, can judge for themselves of the merits of the question, by an examination of the original article and of the subsequent comments.

MESSRS. EDITORS,—The number of your Journal for June 25th contains an article reflecting on my review of a pamphlet entitled "Homœopathy : its Testimony," &c. As this article does not represent my position fairly, I must encroach on your courtesy for a brief space in your pages. In the first place, I suppose it may be taken for granted that your correspondent, "V.," is also the author of the pamphlet in question, whose name is, for a no doubt sufficient reason, withheld.

V. asserts that I add my testimony "to confirm the main propositions of his work, especially that the number of homœopathic practitioners in Europe is small." He says very truly that one of his main propositions was to represent the number of these practitioners not as they really are, but as *small*. Accordingly, as I have shown in my review, instead of consulting the proper authorities, he adopts the ingenious plan of referring to journals five and seven years old. From these insufficient data he quotes his figures, in one instance nearly 100, in another instance over 900 short of the truth. Now the figures I have given are taken from the most reliable sources at my command, without inquiring whether they were large or small. If one of these numbers suits V.'s purpose, he is quite welcome to it, and he will, I hope, accept it as some atonement for the somewhat uncereemonious manner in which I was compelled to expose some of his other attempts at statistics.

But, on referring to my review of this pamphlet, you will find that I was obliged to accuse its author not only of what may have been unintentional deception in representing the number of homœopathists as much too small ; but also of garbling quotations and making absurd and slanderous statements to the effect that in Europe these practitioners were treated as quacks and hunted down by the police ; and of falsifying evidence and making extravagant assertions regarding the doses habitually used in homœopathic practice. These are the principal points alluded to in my paper. Yet V. says that I "confirm the main propositions of his work." I must confess my inability to see the matter in this light, and it is certainly to be regretted that V. did not attempt to explain this curious position, instead of making unimportant remarks about some cases that are quite irrelevant to the main points at issue.

In V.'s remarks about the two cases cited on page 15 and page 21 of his pamphlet, I can find nothing to modify my accusation that he quotes them in an inaccurate and deceptive manner. If you will look at the journals referred to, you will find that in the first case the testimony fails to show that sufficient mercury was given to cause either salivation or death, while it also appears that the disease was present before any mercury was given. In the second case it is shown, by a *post-mortem* examination, and by the testimony of several competent physicians, who were *not* homœopathists, that rupture of the womb was caused by deformity of the pelvis, and not by the use of ergot. Yet, in the face of these facts, V. persists in the statement that the remedies administered were the cause of death, and he asserts that the accused only escaped "on the ground that the medicine was not

given to destroy life"! I must therefore repeat that V. quoted incorrectly, and also protest against his fashion of presenting his private opinions as if they were part of the matter quoted. But V. says that these cases were merely cited as examples of the doses given by Homœopathists. This point was not overlooked in my review, and I can only repeat that cases of alleged or actual mal-practice are not to be considered fair samples of any mode of treatment.

One word more, and I have done. In his last paragraph V. says that I endorse some remarks by the editor of the British Journal on the use of ergot, and that we both therefore "seem to sanction the principle of giving the ordinary doses to stimulate any of the natural functions in any suitable case." Now you will look in vain in my article for any such endorsement, and I must certainly decline subscribing to V.'s last vague proposition until it is known *what* he considers suitable cases for stimulating natural functions, and *what* remedies and doses he proposes to employ for this purpose.

Boston, June 27th, 1857.

H. L. H. HOFFENDAHL, M.D.

---

#### HARVARD MEDICAL SCHOOL.

THE following is a list of the gentlemen who received their medical degrees on the 15th inst., with the subjects of their dissertations.

Bowman Bigelow Breed, A.M. (Amherst Coll.), *Caries*.

Preston Marshall Chase, *Conservatism in the Practice of Medicine*.

Isaac Craigue, *Apoplexy*.

Edward Augustus Crane, A.B. (Amherst), *Scarlatina*.

Hall Curtis, A.B. (Harvard), *Aneurism*.

David Flanders, *Phthisis*.

Gustavus Hay, A.M. (Harvard), *The Form of the Peritoneum in the Human Subject*.

James David Hoyl, *Acute Dysentery*.

Benjamin Joy Jeffries, A.B. (Harvard), *On the Structure and Function of Bone, as developed by the Microscope*.

Webster Lindsly, A.B. (Princeton Coll., N. J.), *Pseudarthrosis*.

Antoine Ruppaner, A.B. (Harvard), *The Influence of the Mind on Disease*.

Levi Saunders, *Sea-sickness*.

Robert Folger Stratton, A.B. (Waterville Coll., Me.), *Influence of Solar Light on Organic Life and on Human Health*.

William Thorndike, A.B. (Harvard), *Ulcers*.

William Palmer Wesselhæft, A.B. (School of Leipsic), *Functions of the Brain*.

George Barker Windship, A.B. (Harvard), *Insanity*.

D. HUMPHREYS STORER,

July 16th, 1857.

Dean of the Medical Faculty.

---

#### EXTRACT OF ENGLISH VALERIAN PREPARED BY THE SHAKERS.

To all appearance, this is an excellent preparation, and it is certainly very respectably endorsed. Personally, we have, as yet, no experience of its virtues, but intend to try the sample sent to us by the proprietors whenever an opportunity is afforded. It is difficult to suppose a better article than that so widely used under the name of *Fluid Extract of Valerian*, and so long supplied by Messrs. Smith & Melvin; yet the testimonials to the value of the Enfield extract are such as to



inspire entire confidence in its quality and efficiency. There is, moreover, a greater likelihood that all the samples will bear the test of trial and justify the recommendations of those whose opinions as experts are sought, than that similar recommendations will be found to accurately describe successive specimens of *Bourbon Whiskey*.

We feel bound to say that this extract cannot be termed a "nos-trum"; an appellation which has become justly condemnatory of any remedy which properly bears it. The formula for its preparation was honorably made known at the time of offering the medicine for sale. We observe that it is well spoken of by Dr. Charles H. Stedman, of this city, who administered it with advantage at the Lunatic Hospital and City Institutions at South Boston. Professors Crosby, Peaslee, Phelps and others also testify to its genuineness and efficacy. Drs. C. T. Jackson and A. A. Hayes have given the usual certificates.

It is prepared in Enfield, N. H.; general agents, Messrs. Maynard & Noyes, 11 Merchants Row, Boston.

---

*Boston Dispensary.*—MESSRS. EDITORS,—The Boston Dispensary closed the first year of its operations under its new system of organization, on the 1st of July. During the past year, 2,826 patients have been prescribed for at the Central Office, and 4,295 have been visited by the District Physicians, making a total of upward of 7,000 persons who have received aid from the Institution within the period of twelve months. The whole number of prescriptions dispensed at the Central Office was 11,447, and in the Districts 7,832; making a total of 19,279. The Central Office is open daily from 9 to 11, A.M., and medical and surgical advice and medicine furnished gratuitously to all the sick poor who apply. The apothecary's department is open daily from 9 to 12, A.M., and from 5 to 7, P.M. Sundays, from 1 to 3.

Yours truly,

JOHN B. ALLEY, Sup't.

---

*Mass. Medical Benevolent Society.*—It will be seen by the advertisement in another part of the Journal, that the first anniversary of this Society will be held in Boston, on the 30th of this month, and that there will be a social meeting of the members in the evening, at the Revere House. Ample arrangements have been made for a most agreeable entertainment, and a large number will without doubt be present. We trust there will be a large accession to the list of members, on the 30th. Those who wish to join, can make application to the Secretary. The objects of the Society speak for themselves, and need no recommendation from us.

---

*Health of the City.*—There is a diminution of 15 in the mortality of last week from that of the previous one, 73 instead of 88. The difference is chiefly caused by the casualties of the "Fourth." We notice 17 deaths from consumption, 8 from scarlet fever and 5 from typhoid fever. The deaths from these causes during the corresponding week of last year were 12, 8 and 2 respectively; the total was 74.

---

*Deaths in Boston* for the week ending Saturday noon, July 18th, 73. Males 37—Females, 36.—Abscess, 1—accident, 1—inflammation of the bowels, 1—inflammation of the brain, 1—consumption, 17—convulsions, 4—cholera infantum, 3—croup, 1—dropsy, 1—dropsy in the head, 2—debility, 2—infantile diseases, 8—scarlet fever, 8—typhoid fever, 5—disease of the heart, 1—hemorrhage, 1—intemperance, 1—inflammation of the lungs, 2—marasmus, 1—palsy, 3—scrofula, 1—teething, 1—unknown, 4.

Under 5 years, 35—between 5 and 20 years, 6—between 20 and 40 years, 14—between 40 and 60 years, 11—above 60 years, 7. Born in the United States, 53—Ireland, 15—other places, 5.

*Bloodroot in the Treatment of Cancer.*—MESSRS. EDITORS,—If you are inclined to publish anything more in relation to the absurd claim of Dr. Fell in introducing bloodroot as a remedy for cancer, it may throw some doubt on his assertion that hitherto it has been “unknown to civilized man as a remedy for cancer,” to state that more than twenty-five years ago Dr. King, of this city, assured your present correspondent that he had used it in simple powder for many years in removing this disease, and believed it a specific for that purpose. His success, so far as I had opportunity of observing it, was not commensurate with his confidence, and the effect of its application did not apparently differ from that of other escharotics.

Dr. Fell has read American Dispensatories, I suspect, with more sagacity, at least, than our transatlantic brethren, and learned from one of them, and perhaps more, that bloodroot “applied to fungous growths, fleshy excrescences, &c., proves of utility, removing the fungous growth by its escharotic action, and creating a new and healthy energy in the ulcers.” Yours, &c. BEE.

*Massachusetts Census Statistics.*—From the abstract of the State Census of Massachusetts, just published (the census being taken in 1855), the *Daily Advertiser*, of this city, has prepared a summary of the most interesting matters. The following is a portion of it:—

The aggregate population of the State, June 1, 1855, ascertained by this census, was 1,132,369. Males, 550,034. Females, 582,335.

Colored inhabitants, 9906, including 6923 reported as blacks, 2844 mulattoes and 139 Indians. [There are believed to be only six full-blooded Indians in the State.]

Increase of population in five years, to June 1, 1855, from natural causes, 54,929. Total increase, 137,855.

Of the entire population, 358,904, or 32 per cent., were under 15 years of age.

Nineteen instances were found of persons who had attained an age exceeding 100 years.

Of the entire population, 886,575 were born in the United States, and 245,263 in foreign countries. The nativity of 531 was not ascertained.

Native-born white males, 428,946; females, 448,334. Foreign-born white males, 116,114; females, 128,571.

Number of families, 228,845. Number of dwellings, 175,311. This is an average of about five individuals to a family, and ten dwellings to thirteen families. Two dwellings to thirteen individuals. The relative number of houses and families in the cities of Massachusetts is found to be about the same as in the principal cities of Europe.

The number of clergymen returned is 1750; authors, editors and reporters 166; daguerreotypists 168; lawyers 1116; musicians and music teachers 433; physicians and surgeons 1774; teachers 1192; bankers and brokers 405; butchers, 1262; expressmen 636; fishermen 997; gentlemen 2209; railroad employes 1310; sextons and undertakers 109; students 3727.

Deaf and dumb 401; all but 30 being native-born.

Blind 471; all but 63 being native-born.

Insane 1919; native-born 1411; foreign-born 508. In 1854, “the indefatigable endeavors of Dr. Jarvis” counted up 2632 insane persons in Massachusetts, and on this estimate the new hospital at Northampton was ordered to be built. This census, a year later, reports 713 less. Dr. Shurtleff says that Dr. Jarvis’s number “is supposed to be very nearly the truth.”

Idiots, 834. According to Dr. Jarvis’s return, 1087.

Paupers, 5687. Convicts, 2901.

*Medical Miscellany.*—The *Peninsular Journal of Medicine*, published at Detroit, states that the American Institute of Homœopathy held its annual meeting in Chicago recently, and that about thirty delegates “from all parts of the Union” were present. They met in Metropolitan Hall, which will hold two thousand persons. It also states that the Homœopathic Hospital of that city has been closed for want of funds.—The City Hospital building in Chicago is nearly finished.—The Illinois State Medical Society lately held its annual meeting in Chicago.—The honorary degree of Master of Arts has lately been conferred, by the University of Nashville, on A. B. Palmer, M.D., of the University of Michigan.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. LVI.

THURSDAY, JULY 30, 1857.

No. 26.

---

## VERATRUM VIRIDE AS AN ARTERIAL SEDATIVE.

[Communicated to the Middlesex East (Mass.) District Medical Society, July 8th, 1857. WILLIAM INGALLS, M.D., Secretary.]

BY EPHRAIM CUTTER, M.D.

ABOUT five years ago, Dr. Norwood, of South Carolina, called the attention of the profession to the fact that the veratrum viride was eminently an arterial sedative. He stated that with it he could reduce the frequency of the pulse at will. He used it in the form of saturated tincture. He administered it to adults in quantities of eight drops, repeating the dose every three hours, "increasing by one drop at each dose until the pulse is reduced or nausea and vomiting are occasioned, when it is to be diminished one half, and continued as long as may be necessary to prevent a return of the symptoms."

Wishing to make a trial of the truth of Dr. Norwood's statements, the writer, early last fall, prepared a tincture from the fresh indigenous plant. The roots, dug from the edge of a mountain streamlet, were dried over the register of a hot-air furnace, then pulverized, and macerated a week or two in something more than an equal measure of 95 per cent. alcohol. The tincture was separated by displacement.

This preparation was distributed to all the members of the Middlesex East District Medical Society, early in the winter, for the purpose of testing the drug in such cases as seemed to require an agent possessing the medicinal properties ascribed to this. The statements since made by these gentlemen, as to the results of their trials, have confirmed my own views.

*Properties.*—The veratrum is a powerful and quite certain arterial sedative. It has been found so sure that, to my knowledge, several members of the above Society, since their attention has been called to it, have carried in their pockets an ounce or two of the tincture to meet the exigencies of daily practice. Says one of these physicians, "I have administered the veratrum in many cases



as an arterial sedative, and the drug has always answered my expectations." Another said, "I want some more tincture; it is a good article. My patients have got well under its use so speedily that I am in some doubt whether nature or the remedy accomplished the cure." A third states that in every case in which he has used it, he has found the pulse invariably to come down.

The emetic, diaphoretic and sternutatory properties of the *veratrum viride* are secondary. That it is an emetic, the nausea and vomiting which attend an overdose sufficiently testify. That it is diaphoretic, has been likewise proved, but with much less certainty; and that it is sternutatory, the writer can establish by his experience of a prolonged sneezing and copious nasal flow, resulting from the inhalation of the dust arising from the dried drug while being comminuted.

The present object, however, is to show that the *veratrum viride* does reduce the pulse, throwing aside all consideration of the other properties. The preparation used in the following cases was, as stated above, a saturated tincture, given in doses varying from one to twenty drops, at intervals of one to six hours. Tilden's *extract of veratrum viride* is evidently a similar preparation, and may be used in the same manner.

Case of *Irritation of Brain* (from the note-book of a friend). Master J. H., 6 years of age, has been, all his life, subject to sick headaches lasting from six hours to two days.

May 5th, 1857, 12, M.—Has had one of his sick turns. Sent for me because he seemed particularly dull, as well as occasionally nauseated. I found some febrile action, but attributed the symptoms to swollen and hard gums. These were cut, and rest, with a few drops of nitrous ether every hour or two, was ordered. At 11, P.M., a hasty summons found him with hot head, rapid pulse, dry skin, frequent cries, and rolling his head in his mother's arms. After a hot pediluvium and cold to the head, his excitement abated, the skin became moist, and pulse less frequent.

6th, 8, A.M.—Very restless during night; frequent outcries; tongue dry; head hot when for a few moments the cold water was left off; pupils natural, but countenance indescribable; pulse 120. Calomel and castor oil ordered at last visit had operated, and he was seemingly unconscious of it. Head was shaved, two small blisters applied to each temple, and two drops of tincture of *veratrum viride* at 10, A.M., 12, M. and 2, P.M. At 2.30, P.M., Dr. S——, of S——, saw him in consultation. We agreed in our estimate of the importance of the symptoms, but the child was easier. Pulse, two hours before, 120; it was now down to 96. The *veratrum viride* was continued.

7th.—Pulse 92. Patient intelligent. Ordered same care, sinapism to feet, and two drops of *veratrum viride* every four hours.

8th.—A great deal better.

I think the veratrum viride had considerable influence in the case.

*Pneumonia*.—Dr. Cutter, my father, has used the veratrum in a large number of cases, particularly of infants and children, with a success that has been very satisfactory to him.

A. T. F., a stout, hearty shoemaker, of 21 years, got a thorough wetting May 17th, 1857, by being capsized in a boat. The succeeding day he took sick, and was subjected to a domestic "sweat." I saw him the next day. He was a-bed, with face very much flushed, some headache, pain in left side, and cough, with bloody sputa. Pulse 120. Dulness and fine rales over left thorax, lowest third. He was put upon emetic doses of tartrate of antimony and potash, with neutral mixture.

19th.—Tongue dry and yellow. Was purged ten or twelve times. Pulse 104; respiration 28. Gave him nauseating doses of antimony, with neutral and cough mixtures.

20th.—Pulse 104; respiration 28. Feels sore about left hypogastrium. Discontinued the antimony; continued cough and neutral mixtures, and left him veratrum viride, to be taken in six-drop doses every hour.

21st.—Was crazy in the night. Feels weaker. Tongue dry. Complains of pain in præcordium and left lower chest. Physical signs of solidified lung and pericardial effusion. Did not take veratrum viride according to directions. Ordered cough mixture and veratrum viride.

22d.—Took the veratrum. Pulse 80; respiration 32. Feels better, not troubled with pain. Tongue moister. Slept well. Continue the veratrum every two hours. Cough and neutral mixtures.

23d.—Being anxious to get well fast, he took about one drachm of the veratrum viride during twenty-four hours. This vomited him, brought on profuse sweats, and *reduced the pulse to 40!* At the time of my visit, under a discontinuance of the medicine, it was 60. The disease rapidly yielded after this period.

CASE II.—G. F., father of the preceding, succeeded him with a pneumonia of the right lowest lobe. Under the usual treatment, his pulse still kept at 120. Upon taking the tincture of veratrum viride, six drops every two hours, till about half a drachm was exhibited, his pulse fell to 96. By continuing its use, the frequency stood at the same point for several days. It was then omitted, and the pulse rose. Upon a resumption, it fell to 80. The patient experienced much relief from its use, and ultimately recovered.

*Phthisis*.—Miss N., 21 years of age, who complained of palpitation and præcordial distress, with cough, night sweats and anorexia, presented, on percussion, dulness over upper third of thorax, front and back; on auscultation, well-defined tubercular respiration, with inspiratory and expiratory rales in coughing, and pec-

toriloquy over right upper third; and over left, crackling, with rude respiration. The heart's impulse was strong and heaving, and a bellows-murmur coincided with the first sound. Pulse 120; respiration 40. This patient derived great relief from the *veratrum viride*. At first the frequency was reduced, but afterward, although it rose to its former height and could not be diminished without nausea, still the *feelings* of the patient were improved, and she is, although awaiting a speedy dissolution, continuing its use. (Since the above was written she has been compelled to relinquish it, because of the irritability of the stomach induced by its continued exhibition.)

CASE II.—Mrs. C. G., with all the rational and physical signs of phthisis, was so troubled with palpitation that it formed her chief distress. She was supplied with the *veratrum viride*, an ounce at a time, such was the relief that accrued from its employment.

CASE III.—Mrs. E. W. N., a homœopathic “laywoman,” 33 years of age, the mother of three children, and a victim of phthisis, cardiac disease and uterine derangements, complained chiefly of palpitation so distressing that she could not ride, much less walk half a mile. She took the *veratrum*, six drops every three hours until one fluid ounce of the strong tincture was disposed of, and then reported no effect of any kind!

*Hæmoptysis*.—Mr. H. W., a stone-cutter for twenty years, in January, 1853, had a rather copious hæmoptysis, and up to the time of observation (Dec., 1856), more or less of the same. He complained, during the paroxysm, of præcordial uneasiness and palpitation, and the “blood,” to use his language, “seemed to come from the heart.” In addition, the man certainly had many of the physical and rational signs of tubercles in the apices of both lungs. Still, the progress was so slow that I rather deemed the cardiac trouble the chief agent in the blood-raising, especially as the second sound was distinctly prolonged. With directions for a general tonic course, and an ounce of the *veratrum viride*, he was dismissed. In June, 1857, he reported himself in perfect health, not yet having had a recurrence of hæmoptysis, and attributed great good to the use of the *veratrum*.

CASE II.—Miss C. R., 15 years of age; began to menstruate before the age of 12. June 10th, 1857.—Had a slight cold for four days. This morning, during a severe paroxysm of coughing, raised some blood. This continued two and a half hours, when she had brought up four fluid ounces. She complained of oppression at the upper third of the chest, and also of some præcordial distress. By physical signs, I was unable to detect any disease. Pulse 85. Her treatment was, quiet, Rochelle salts, tannin, and *veratrum viride* three drops every two hours. Next day, pulse 60. Not much of any recurrence of hæmoptysis. A few days after, reported all well.



*Cardiac Functions disturbed.*—Mr. M. L. R., a divinity student, consulted me in regard to a pain in epigastrium, and palpitation, which troubled him occasionally, but especially when about to address an audience. I gave him veratrum viride, six drops three times a day. This relieved him in a short time, and he applied for a fresh supply for future use.

Mrs. J. A. C., aged 28, had aborted fourteen times in eleven years. She was very much troubled with palpitation. She had used the veratrum viride, ten drops thrice a day, without effect. During her fourteenth abortion, the præcordial pain and oppression was distressing. Pulse 120, with other febrile symptoms. She was directed six drops of the veratrum viride every hour till nausea or relief. This was taken, and the next day her trouble was abated. Pulse 96. Afterward, however, the drug failed.

Miss L. T., a seamstress of 30 years, had general debility, and also a pain in right hypochondrium and epigastrium while sewing or leaning over. A deep inspiration produced pain. Any excitement or extra exercise brought on palpitation. She was placed upon tonics and tincture of veratrum viride. This was in April, 1857. Late in May she sent for more veratrum, with the statement that it had helped her much.

*Scarlet Fever.*—C. P., a boy of 4½ years, May 15, 1857, was taken with anorexia, soreness at stomach and great thirst. His head was hot, and he vomited occasionally. His mother gave him rhubarb and magnesia. The night of the 15th he was tossing about, whining and drinking all the while.

16th, 8.30, A.M.—Pulse 120, incompressible. Skin dry. Face flushed. At 9, 11, 1 and 3 o'clock he took two drops of tincture of veratrum viride. At 8, P.M., he was asleep, breathing quietly; a genial perspiration all over; pulse 106, softer. Directed drops again, if fever returned.

17th.—Took veratrum viride twice in the night. Pulse 96.

18th.—Down and playing.

F. N. S., a girl of 6 years, when advanced in a well-developed scarlatina, had a pulse of 120. She was directed to take three drops of the veratrum every hour. In about six hours the pulse came down to 60, with some nausea. The medicine was then discontinued, and the pulse rose to 108. Upon resuming the veratrum viride, in the same dose, but at intervals of two hours, the pulse kept between 60 and 80, up to the seventh day of the complaint, when the little patient was rapidly convalescing.

I will conclude this paper by quoting the written testimony of one of my seniors, who has been kind enough to experiment at my request.

"The veratrum viride has been tried by me about nine months. The cases have not been numerous enough in which I have given it, to settle my mind in regard to its reliability. I continue to use

it, and if it shall still impress me as favorably as heretofore, it will take the place in my practice of some old and long-tried remedies. It has been given as a *sedative* in cases of high vascular excitement, usually those of an inflammatory character, in doses of two to six drops, according to the age, in intervals of three hours. In *scarlatina* and *pneumonia* it has, with *much certainty*, reduced the pulse rapidly. It has fallen, under its use, twenty, thirty and even forty beats a minute, in the course of eight hours, and under such circumstances that I had no doubt the change was owing to the remedy. In typhoid fever and some other cases, it has not seemed to do as well, though my trial has not been sufficient to satisfy me of its effects in them."

*Woburn, July 18th, 1857.*

#### EXTRACTION OF A COPPER COIN FROM THE ŒSOPHAGUS.

BY DR. BELA H. COLEGROVE, SARDINIA, N. Y.

[Communicated for the Boston Medical and Surgical Journal by Dr. JAMES B. COLEGROVE.]

MESSRS. EDITORS,—I have regarded the following case as one of very unusual interest, both as to the manner in which it was conducted and its fortunate termination. Whether any similar case stands recorded, or whether such mode of procedure has been authorized in any of the surgical books that have been published, I do not know—certainly none has fallen under my observation.

A little boy of four years, son of Mr. Isaac Carpenter, of the town of Farmersville, in Western New York, accidentally swallowed a copper cent late in the afternoon of November 20th, 1856. The coin was of the ordinary size, being about one and an eighth inch in diameter and two lines in thickness. It appears that while the child was reeling to and fro in a rocking chair, the coin being loose in his mouth—the head being thrown carelessly backward—it fell into the pharynx, and immediately caused a spontaneous, and at the same time powerful effort at deglutition, by means of which it was forced about two inches below the pharynx into the œsophagus, and entirely out of sight.

A physician residing in the neighborhood was called, and several attempts made, by means of forceps and blunt hooks, to extract it. It seems, however, that all efforts in this line only resulted in sinking the coin lower in the œsophagus.

The day following, Friday, another physician was called, and together, the two renewed their efforts at extraction, but with no success. Saturday was also spent in like manner, when, having failed entirely, all operations for its removal were discontinued, and on Sunday the child was brought to Dr. Colegrove, senior, the parents ready to despair, having been told by the physicians first in attendance, that should the coin once enter the stomach, its re-

moval would be impossible, and would probably result in the death of the child.

From a careful examination of the little patient, it was apparent that the coin lay rather tightly impacted in the *œsophagus*, not more than one and a half or two inches from the cardiac orifice of the stomach, requiring an instrument some eleven inches long to reach it through the mouth. The mucous membrane of the pharynx and fauces was greatly inflamed and swollen, owing to the irritation which had resulted from the frequent and continued efforts made to extract the coin; so much so, indeed, that all power of deglutition was lost.

The question as to whether, should the coin be forced into the stomach, its expulsion through the intestinal tube would be possible, was indeed doubtful. A more plausible hypothesis seemed that the presence of a foreign body of this character would produce the most serious disturbance in the stomach by the constant irritation which would be kept up, resulting, almost necessarily, in the death of the patient.

What course should now be adopted? Attempt *œsophagotomy*? The coin was too low down to admit of the operation. Among the surgical instruments in the possession of Dr. Colegrove, senior, none seemed adaptable to the extraction of the coin. No forceps could be found which would meet the case.

Dr. Colegrove immediately resolved upon a course as novel as it was successful.

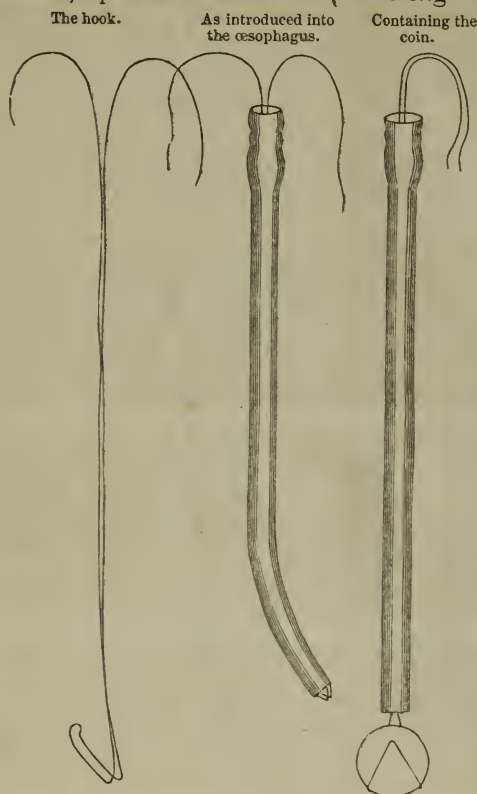
A small brass wire, intended to be used in fastening the smallest bones of a skeleton, was to be made use of in attempting to extract the coin. If he failed, with a probang he would push the coin into the stomach, and take the consequences. The idea was conceived of converting the wire into a hook, which should be used to hook the coin out of the *œsophagus*.

The two ends of the wire, one yard in length, were bent into the shape of the letter V, but on inspection it was observed that the ends of the wire were ragged, and might wound the *œsophagus* while being withdrawn. It was then proposed to use a larger wire; but the same difficulty existed to a still greater extent, and besides, it was absolutely indispensable that the wire should be extremely flexible. In order to avoid this objection, the small wire was doubled at an equal distance from the ends, and then so bent as to form a hook like the ordinary hook of a lady's dress, except that at its lower angle the wires were so separated as to form a cul-de-sac. The point of the wire where it was first bent was then turned inward, with a view of preventing its becoming entangled in the coats of the *œsophagus* in trying to extract.

To introduce this instrument *below the coin* was the first step of the operation; and it appeared impossible, from the fact that the wire was so small that it seemed incompetent to sustain a sufficient



amount of pressure to force it by the impacted coin. In order to give it the required strength, it was enclosed in a gum-elastic catheter, open at both ends. (*Vide engraving.*)



The catheter was then introduced into the œsophagus, and quickly passed downward, until the surgeon felt sure that it rested upon the coin. By a little manipulation the end was then passed by the coin, and the sheath containing the wire was made to slip upward upon it, thus liberating the hook. The elasticity of the wire was such as to cause the hook to assume the shape designed by the operator, so that when an attempt was made to withdraw it, it met with a very decided resistance.

Being confident that the coin now rested in the cul-de-sac, the surgeon, by a prompt and forcible effort, withdrew the instrument, and in an instant the coin fell upon

the floor, to the amazement of the bystanders, and the frantic, unspeakable joy of the parents.

Had the end of the hook fastened itself in the œsophagus, the tenuity and flexibility of the wire would have allowed it to straighten, and thus rendered it harmless. At the same time the sharpness of the angle at the point of flexure where the coin rested, made it capable of sustaining a weight of several pounds.

If the history of this case shall in future be of any aid to the practitioner in a similar case, I shall feel abundantly rewarded for the time spent in making this report.

NOTE.—The doctor suggests, that should another case like the above occur to him, he would enclose in the gum-elastic tube *two* hooks made like the one described above, instead of one, facing outward with respect to each other, thus ensuring a double chance to catch the coin on the first trial.

*Sardinia, N. Y., July 13th, 1857.*

## DAVID A. WELLS ON WOOLLEN CLOTHING.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In a book recently published by David A. Wells, entitled “Things not Generally Known,” I fell in with an error which it is worth while to notice. On page 296, under the head of “Woollen Clothing,” he gives the following:

“A flannel shirt more effectually intercepts or keeps out heat than a linen or cotton one; and whether in warm or cold climates, attains the end of clothing more effectually. The exchange of woollen for cotton undershirts in hot weather is, therefore, an error. This is further proved by ice being preserved from melting when it is wrapped in blankets, which retard, for a long time, the approach of heat to it. These considerations show the error of supposing there is a positive warmth in the materials of clothing. The thick cloak which guards a Spaniard against the cold of winter, is also in summer used by him as protection against the direct rays of the sun.”

Now the fallacy of this is at once apparent, and yet it is not an uncommon doctrine. Let us see what is the true state of the case.

The human body is constantly producing caloric, and the temperature of the internal parts is unvarying in health. The blood is always about 98° Fahr. The surface falls somewhat lower, from its heat being conducted away by the surrounding atmosphere. The air is in our climate below blood-heat, except for a very few days in the year.

Why are we clothed? To cover the body with poor conductors of heat, so that our surface temperature may be kept at the normal standard. Woollen is a poorer conductor than linen or cotton, and is therefore worn in the winter. But in the summer season, the atmosphere has a temperature often nearly as high as that of the surface of the body, and consequently we find it necessary to exchange our woollen for substances that will conduct off the animal heat more rapidly, in order to secure a comfortable surface-temperature. In a constant atmosphere of 98° or 100°, we should be as comfortable without clothing as with it; and where it approaches very near this mark, thin linen or cotton is a sufficient covering, simply because very little heat can be lost in that condition of the air, and we may therefore afford it every facility of passing away.

Now, if, on the plan of Mr. Wells, we continue to use woollen garments, what will be the result? Of course the surface-heat will be less rapidly diminished. It is absurd to speak of the human body as being kept cool by flannel, as we would preserve ice from melting in hot weather by wrapping it in the same, since we wish to prevent the passage of heat to the ice, which produces none itself; and to favor the escape of it from the human body, the only

method of avoiding the disagreeable sensations of warmth which we suffer during summer.

Now there are advantages in wearing flannel constantly in our climate, but they are entirely aside from the reasons stated by our author. Where the changes of temperature are so great and sudden, it is certainly safer to protect the surface of the body from very rapid loss of heat and from the evils that sometimes follow the shock of rapid cooling. And this can be done by wearing woollen at all seasons. But it will not make men cooler to wear such in extremely hot weather. And, to pass from the scientific examination of the subject to every-day practice, if it would, why does everybody strip as much as possible in some of our melting summer days? It is absurd to say that they are not taking the right course, for the act is instinctive before experience has taught them. It is not unfair to suspect that the *hidalgos*, who are quoted in support of our author's view, belong to a class of decayed gentlemen whose wardrobes are too scanty to allow them to consult their convenience in the regulation of their costume. The poor wretches would undoubtedly wear linen if they had it.

Instances will be called to mind of individuals who wear woollen from preference during the warm weather, and profess themselves more comfortable than in linen or cotton. This is probably from idiosyncrasy, and not to be adduced in contravention of physical laws and the known comparative conducting power of different materials. And there are also other individual or peculiar effects of different substances on different skins, which cannot always be explained, but which are seen in individual preferences for one or another kind of garment. Thus, some persons wear cotton in cold weather instead of woollen, finding themselves warmer in so doing; individual sensations differ immeasurably, and must not be confounded with physical effects or used to construct general rules.

Many laboring men wear flannel shirts all the year—but it does not follow that they would be warmer in a hot day (as Mr. Wells implies) for leaving them off. Seamen nearly always wear flannel shirts in all climates; but this is necessary from the great variations of temperature to which they are subjected, the changes from hot to cold, from moist to dry, from day to night.

I should have hesitated to occupy so much of your space on a subject which most physicians of course understand very well; but Mr. Wells has a certain degree of authority, I should suppose, in the community, from his annual publication of an abstract of what is new in science and the arts; and this other compilation of his is therefore likely to pass current. Scientific men are bound to see that statements to which they give the sanction of their name are sound. One would not think of correcting the absurd scraps of scientific intelligence which many newspaper editors so kindly spread be-



fore us; but in a publication having the pretension of Mr. Wells's book, we expect accuracy.

In a cursory examination of the work while standing at a bookseller's counter, I found it to contain a great variety of interesting items in science and literature, but some of them are apparently as loose in character as that on which I have been commenting.

Keene, N. H.

W. H. T.

#### IMPERFORATE RECTUM AND PENIS.

[Communicated for the Boston Medical and Surgical Journal.]

THE following singular case of malformation of an infant, which occurred a few days since in my practice, I communicate to your Journal, supposing it may present some novel features to many of your readers.

On the 3d of July I attended Mrs. W. in her fourth confinement. She was delivered of a large male child, weighing, when dressed, thirteen pounds. She was impressed with the idea her child was to be deformed, and immediately upon its advent into the world insisted upon an examination. I passed my eyes over the child, and detecting nothing unusual, pronounced it perfect. I was summoned to the child within a few hours, to give it something to prevent its vomiting, and to facilitate its voiding its water. I ordered the child to be put to the breast, gave it a few drops of nitre, and bid them wait a few hours for its bowels to move. I saw the child again twelve hours after birth, and finding *nothing* had passed it, I instituted a minute examination. I found the anus imperforate, with no vestige of the sphincter. I requested my friend, Dr. Wright, to see the child. We made an incision half an inch in depth, and detected the commencement of the rectum, but it was imperforate. The child died in thirty-six hours after birth, the vomiting continuing with a few moments' cessation. The *prepuce was grown over the extremity of the penis*; opening this, I found the commencement of the urethra, which immediately terminated, leaving the penis imperforate also. I was deprived of a *post-mortem*. It must therefore remain a matter of conjecture whether there was any cyst, and if so, whether it was a blind sac, or communicated with the upper portion of the rectum.

Sag Harbor, L. I. Yours, &c., C. S. STILWELL, M.D.

#### VALERIANATE OF AMMONIA.

THIS substance appears to attract considerable attention, as a remedy for neuralgia, and has been the subject of a somewhat unseemly squabble among certain members of the Parisian faculty;

but with this we have no concern. When we first saw a notice of it in the periodicals, we could find no mention of its mode of preparation; and as the dose spoken of was by spoonfuls, manifestly of a solution of unknown strength, we were thrown on our own resources to prepare it. Accordingly, we mixed equivalent solutions of valerianate of zinc and carbonate of ammonia, and removing the carbonate of zinc thus formed by filtration, evaporated the filtered liquid, and finding that it would not crystallize, dried and powdered the residue. We found this to be a very expensive process, the product being considerably less than what theory would lead one to expect. M. Laboureur being, like ourselves, without a guide, has also been experimenting; but the process which he adopted was to pass dry ammoniacal gas through mono-hydrated valerianic acid, when he obtained a product perfectly white, and confusedly crystallized. Its composition is, one equivalent of valerianic acid, one of water, and one of ammonia; or, one equivalent of valerianic acid, and one of oxide of ammonium, according to the theory you adopt. It is very deliquescent; when placed on water or alcohol it gyrates rapidly, according to the custom of the valerianates. It has a mixed odor of valerianic acid and of ammonia, but soon loses the latter when put in an exhausted receiver. Its reaction is slightly acid, even when dissolved in water or alcohol. Ether dissolves it, forming an oily liquid; so do the oils, although more slowly. Oil of turpentine gives it the appearance of transparent plastic fat. Heat partially decomposes it, and what remains re-crystallizes by cooling. The acids decompose it, liberating the valerianic acid, which swims on the surface of the liquid.

It appears now, however, that the medicine first introduced to the notice of the profession by Déclat, is a solution of valerianate of ammonia of a fixed strength, which has long been prepared by M. Pierlot, a pharmacien in Paris, and which has been extensively exhibited to the epileptics, both at the Salpêtrière and the Bicêtre. M. Pierlot has at length published his formula, which is as follows: Distilled water, 32 drachms; valerianic acid, 1 drachm; subcarbonate of ammonia, q. s. To neutralize the acid, add alcoholic extract of valerian, 2 scruples.

His object in the construction of this formula, he says, was to obtain a concentrated solution of all the constituents of valerian root, in a condition as little disagreeable as possible. He maintains that valerianic acid pre-exists in the root, and is an educt, not a product, as hitherto presumed.

However that may be, there seems to be some virtue in the medicine. Dr. Desmarres describes a case of intense choroiditis, in which, after considerable depletion and low diet, severe paroxysms of neuralgia supervened. Doses of a grain and a half of sulphate of quinia seemed merely to exasperate the pains. He then tried Pierlot's solution of valerianate of ammonia, in doses

of three coffee-spoonfuls per diem; and the first day the pains so far remitted, that the patient obtained a tranquil sleep, and in a few days more he quite recovered his appetite. Dr. Tuffnell, Professor of Military Surgery in this city, has also tried it in some cases, and found it eminently successful.—*London Chemist, May, 1857, from Dublin Hospital Gazette.*

### Bibliographical Notices.

*On the Nature, Treatment and Prevention of Pulmonary Consumption, and incidentally of Scrofula, with a Demonstration of the Cause of the Disease.* By HENRY M'CORMAC, M.D. London: 1855. 12mo. Pp. 111.

A FEW quotations from this book will convey a clear idea of the author's views concerning the nature of consumption. "Consumption and scrofula in all essentials are one. Tubercle in its varied protean guises is but the result of a deterioration of the blood, or the retention of excretions, carbonaceous and other impurities in the blood." Tubercle "consists principally of a hydrocarbon." "There is the tubercle proper, deposited or not in the compound or many-nucleated cells, as described by Virchow and Van der Kolk, and the fatty matter incorporated with it. But this fat, which is likewise almost a pure hydrocarbon, is itself, I conceive, a constituent of tubercle. So much so is this the case, that liver, really only tuberculous, and in tuberculous cases termed by Louis and others fatty degeneration of the liver, yields fatty, otherwise tuberculous matter freely, on compression between the folds of bibulous paper."

The deposit of tubercle depends upon a cachexy, a dyscrasis of the system, without which no exciting cause, "neither inflammation nor cold-taking, nor starvation nor inferior nourishment, nor chills, nor deficient clothing nor excessive moisture, nor low spirits, nor bodily inaction, nor the suppression of eruptions nor the retention of habitual discharges, nor exhaustion, nor abuse of mercury, nor intemperance, nor supposed hereditary tendencies, will in any case lead to tubercular deposits." What is the cause of this cachexy Dr. M'Cormac does not attempt to explain, but he is very certain that hereditary transmission has nothing to do with it. He terms this dyscrasis the *rational* or *vital* cause, as distinct from the *proximate* or *chemical* cause. Now we might naturally suppose that among the proximate causes capable of developing the disease, in one possessing the tuberculous diathesis, would be included a few of the above-mentioned, generally considered exciting causes, such as taking cold, insufficient nourishment, inflammation, hereditary tendencies, &c.; but no, there is for Dr. M'Cormac but one proximate cause of tuberculosis. "For the first time in the history of disease, the proximate source of tubercle deposits is, in my opinion, capable of exact demonstration. The problem of causation may now in fine be solved. Tuberculous, scrofulous deposits, then, whether in the offspring of scrofulous, consumptive parents, or the offspring of persons free from scrofulous, tuberculous disease, are



alike, and in every case owing to the insufficient, imperfect performance of the respiratory function." Hence, tubercle is carbon, prevented by imperfect respiration from escaping from the lungs, in the form of carbonic acid; and tubercle is produced in no other way. An attack of pleurisy or pneumonia cannot bring on consumption in a patient, however much predisposed to the disease, provided he have plenty of fresh air to breathe; nor could the strongest hereditary predisposition to phthisis (if such a thing exist), endanger the life or health of an individual, provided he were suitably situated with regard to ventilation.

The nature and cause of tuberculous deposit being known, nothing is easier, according to Dr. M'Cormac, than to prevent and to cure the disease. "These all-important facts being positively determined [*i. e.*, that tubercle is carbon, which is deposited in the tissues in consequence of the imperfect performance of the respiratory functions], the cause and radical cure, in short the prevention of consumption and scrofula, with all their concomitant ravages, are placed, as absolutely as smallpox itself has been placed, within human control. There need now be no more consumption, no more scrofula, and diseases which have actually advanced as civilization itself has advanced, henceforth, now indeed and forever, may be set aside." "Consumption, with all its frightful train, is simply and truly and only a violation of the physical laws of our being." Dr. M'Cormac is well aware that his confident expectations are not shared by the profession generally. "I am," says he, "perhaps the only physician of my time and standing, possibly the only one, who is intimately and entirely convinced that the disastrous and wretched malady which it is the object of these pages to illustrate, is not only, when taken very early, very often removable, but what is of still greater importance, that with proper means and appliances it is in every single instance preventible!"

In the treatment of consumption, Dr. M'Cormac wholly eschews medicines. He says that cod-liver oil "contains no active principle or ingredient of any kind. It is not calculated, either directly or indirectly, to exercise the slightest favorable influence on the symptoms or the issue of phthisis." "Indeed, all the codfish in the ocean, were they converted into oil, would not relieve or avert a single instance of consumption." The reader may guess, from what we have quoted, that the sole remedy upon which our author relies, is, plenty of fresh air. "Combined with this, any treatment, not directly or indirectly hurtful, may succeed; without it, no possible treatment can otherwise than fail. A pure, fresh, untainted atmosphere, at all hours, times and places, is the one single condition, which nothing whatever must interfere with or set aside."

In illustrating the fatal effects of the habitual inhalation of impure air in the production of tuberculous disease, Dr. M'Cormac has conveyed a great service, and we wish the lesson could be read by all, lay as well as professional. While we cannot agree with him that this is *the* essential exciting cause of phthisis, we acknowledge that it is a most frequent, a most important one, and one which it is in our power to do away with, in a great measure. We do not believe that the prevention of the disease, much less its cure, is ever likely to be as much within our control as is the case with some others; but we believe that much may be done toward attaining that happy consum-

mation. We think that in spite of the exaggerations and extravagances which are to be found in Dr. M'Cormac's book, it may be read with instruction and profit.

---

*Principles of Medicine; an Elementary View of the Causes, Nature, Treatment, Diagnosis and Prognosis of Disease; with brief Remarks on Hygienics, or the Preservation of Health.* By CHARLES J. B. WILLIAMS, M.D., F.R.S. A new American, from the third and revised London edition. Philadelphia: Blanchard & Lea. 1857. 8vo. pp. 486.

DR. WILLIAMS'S work has long been considered, both in England and this country, as one of the best elementary treatises on the principles of medicine that could be put into the student's hands, of which no better proof can be wanting than the great sale it has had for many years. We do not mean that a great sale is a necessary indication of the value of a book; there are plenty of shallow works which have made the fortunes of their publishers and authors. But when a grave treatise on the principles of the healing art, without the attractions of fanciful theories or absurd speculations, commands an extensive circulation, it must be intrinsically a good work. The present edition contains several important contributions from Mr. George Gulliver on diseases of the blood and inflammation, and from Dr. R. J. Mann on physiology and animal chemistry, besides other improvements, corresponding to the advanced state of the medical sciences. We have not yet had an opportunity of reading the present edition, but remembering the delight with which we perused the first, we promise ourselves much pleasure in renewing our acquaintance with so valuable and interesting a work. We heartily recommend it, both to students and practitioners. For sale by Ticknor & Co.

---

*Manual of Physiology.* By WILLIAM SENHOUSE KIRKES, M.D., &c. A new and revised American from the last London edition. With two hundred Illustrations. Philadelphia: Blanchard & Lea. 1857. 12mo. pp. 584.

THE present edition of this popular manual is taken from the third London edition, every portion of which was submitted to a careful revision by the author, who introduced numerous additions and alterations. A few notes have been added by Dr. J. Aitken Meigs, who has superintended the passage of the volume through the press, and has also introduced additional illustrations. The work is well printed, and will be found a reliable and convenient hand-book of physiology. For sale by Ticknor & Co.

---

*Abstract of the Census of the Commonwealth of Massachusetts.* Prepared under the direction of FRANCIS DE WITT, Secretary of the Commonwealth.

WE have already printed a few of the most important results of this valuable work, for which we were indebted to the *Daily Advertiser*. In acknowledging the receipt of the book, we cannot forbear again calling attention to the admirable manner in which it is prepared, and the handsome style in which it is executed. The analytical remarks following the tables are from the well-known pen of Dr. SHURTLEFF.

---

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

---

 ~~~~~  
 BOSTON, JULY 30, 1857.
 

---

## THE SUBCARBONATE OF BISMUTH.

THE valuable properties of bismuth, in counteracting many morbid conditions of the stomach, are well known. If it be inert in cases of structural diseases of this organ, or even if its effects be doubtful when employed in those affections depending upon inflammation or congestion of the mucous membrane, its efficacy in the various functional disorders of the stomach are too well known to be insisted upon. Among the symptoms for which it is most successfully prescribed, are pain, vomiting and pyrosis. The form in which the metal is usually administered is that of the tris-nitrate, more commonly called the subnitrate. This substance is insoluble, and it is not improbable that some of the advantages following its use may be owing to this fact. The medicine acts locally upon the diseased part, and its sedative and antispasmodic effects are prolonged because it is not carried away by the circulation. Its very insolubility, however, is a bar to its influence upon the system at large; the secretions are not affected by it, and it produces no alteration upon the temperature of the body, or on the rapidity of the pulse.

Of late, a new preparation of bismuth has been strongly recommended by Professor Hannon, of the University of Brussels, who has been engaged in a series of experiments, with a view to discover some form in which the metal may be administered which will secure its effects on the general system, as well as on the stomach; and the result is, that the *subcarbonate* of bismuth promises, in his opinion, to answer these ends. This preparation is very soluble in the gastric juice, and its action is prompt, without producing that sensation of weight in the stomach which often follows the use of the tris-nitrate; hence it can be continued much longer than the latter preparation. It rarely causes constipation, and does not blacken the stools.

Five or six hours after the ingestion of from ten to fifteen grains of the subcarbonate, the pulse becomes more feeble, and diminishes from two to five beats in the minute; the urine is increased in quantity, and becomes more clear; the appetite diminishes. If the medicine is continued, these phenomena gradually disappear, and in the course of eight or ten days there is an increase in the muscular strength, the appetite improves, and the digestion becomes more easy. If the medicine be continued for too long a time, it produces a sensation of plethora. Thus, its action appears to be sedative during the early part of its employment, and tonic afterward.

Its therapeutic effect resembles that of the tris-nitrate, but is more marked. It may be beneficially administered in all cases of gastralgia consequent upon an inflammatory condition of the stomach and intestines, in which the tongue is red and pointed, the digestion difficult and accompanied by eructations, either tasteless or acid, or by a tendency to diarrhoea or spasmodic vomiting. It has an excellent effect in the diarrhoea of infants, especially when occurring at the period of



weaning. Its alkaline properties give it the very great advantage of neutralizing the excess of acidity which so often exists in the stomach in the various forms of indigestion.

These results of Prof. Hannon have not yet, to our knowledge, been confirmed by other observers, but his views seem so reasonable that we may venture to hope that experience will confirm the truth of them, and that we may be put in possession of a new and valuable remedy for many of those difficult and troublesome symptoms which accompany dyspepsia.

---

#### ON THE BLUISH DISCOLORATION OF THE SKIN CAUSED BY NITRATE OF SILVER TAKEN INTERNALLY.

MESSRS. EDITORS,—I translate the following article from the *Gazette des Hopitaux*, in the hope it may be useful to some unfortunate individual whose skin has been turned to a slate color by the useless employment of nitrate of silver as a remedy for epilepsy. S. L. A.

"We find in a German Journal, a note from M. Eichmann on this subject, from which we extract the following passages :

"M. Eichmann has given the crystallized nitrate of silver to twenty-one epileptics. In one case this medicine worked a speedy and radical cure ; in three cases it was necessary to continue its use for a long time : of the remaining seventeen, five were relieved.

"He gives, at first, the medicine in the dose of an eighth of a grain, three times daily, in a pill. The dose is gradually increased to a grain and a grain and a half, without producing any notable derangement.

"In two patients, who used the remedy in a high dose for a long time, there appeared, nine weeks after taking it, a bluish color, which became by degrees black, and extended over a great part of the body. The discoloration was particularly marked in the hands, neck and face, but it was very evident on the rest of the skin. It was wanting upon the soles of the feet, the knees, the elbows, and wherever cicatrices existed.

"Attributing the discoloration to the silver, M. Eichmann made them take, for three weeks, baths of potash, and for five weeks soap baths. The color disappeared speedily in some subjects, in others it continued for a year, and gradually disappeared at the end of two years and a half.

"These results agree with what is already known of the value of this remedy as an anti-epileptic ; a value very slight, or nothing at all, notwithstanding the tenacity of the cutaneous discoloration."

---

#### CATHETERIZING THE LARYNX.

THE controversy respecting the feasibility of this operation has again been renewed in New York, through the medium of the newspapers. A correspondent of the *N. Y. Times*, who signs himself "Malakoff," writing from Paris, alluded to a statement of Prof. Trousseau, that he had never seen it performed, and did not believe it could be done. In reply to this statement, Dr. J. H. Douglass writes that he had passed a sponge probang into the trachea of a patient in the presence of M. Trousseau, who was not, however, convinced that it was done. We before remarked, in alluding to this subject, that there are men who

will deny anything; and those who remember the delightful and instructive lectures of the eminent Parisian teacher, will, we think, agree with us in saying that the strong prejudices and somewhat large self-esteem of M. Trousseau would induce him to stick to any assertion that he had once made, just as his brilliant imagination is occasionally taxed for the facts by which he illustrates his favorite theories. We have already stated our opinion that the operation could be done. Although we have never had an opportunity of witnessing it ourselves, the testimony of others, upon whose accurate observation and sound judgment we can rely, is sufficient to convince us of the fact. In particular, we would refer to the case reported by Dr. Bowditch to the Boston Society for Medical Observation, and published in this Journal under the date of October 4, 1855 (Vol. LIII., page 210).

#### HONORS TO SCIENCE.

WE learn that letters have been just received here from Dr. Paget, of London, announcing the award, by a Committee of the Royal Society, of the Queen's prize of £100 to Dr. Edward Brown-Séquard, the distinguished physiologist, who is now in this city. This is part of the fund annually appropriated by the Queen for the encouragement of scientific researches, to be awarded, under the direction of the Royal Society, to those who have made the most important discoveries in any branch of science during the year. This is the *fourth* prize awarded to Dr. Brown-Séquard within the last eighteen months by scientific bodies, he having last year received a similar prize from the Queen's grant, and also two highly honorable prizes from the French Academy.

It is pleasant to see true merit thus acknowledged by those who are leaders of public opinion in such matters. Dr. Brown-Séquard now stands in the front rank among the men of science in Europe and this country, and it is honorable to his character as a man, as well as a *savant*, that his researches have all a direct practical bearing on the advancement of medical science, and the improvement of medical treatment. The importance of his discoveries in the physiology of the nervous system is already acknowledged by the profession all over the world, and they bid fair to effect a complete revolution in the method of treatment of many cases of nervous disease.

We understand that it is the intention of Dr. Séquard to proceed immediately to Paris to superintend the publication of his work on the Brain and Spinal Cord, whence he will return, in the fall, to take the chair of Professor of Physiology in the Cooper Institute, of New York, to which he has recently been appointed.

#### POISONING BY LAUDANUM TREATED BY SCALDING WATER.

A CORRESPONDENT from Portsmouth, N. H., sends us the report of a case of poisoning, in a child of six years, who drank an unknown quantity of laudanum from a phial. The symptoms were complete insensibility, pallor, absence of pulsation at the wrists, slight beating of the carotids, and, as the writer states, no perceptible respiration. Scalding water was applied to the feet, by means of cloths. This caused a gasp, and the child drew up her feet. The application was continued for three hours, when the patient recovered. Stimulating injections, beef-tea, and the occasional renewal of the hot water, were

employed for twelve succeeding hours, when the recovery was complete. The feet were not blistered.

*American Association for the Advancement of Science.*—The annual meeting of this body will open at Montreal on the 12th of August. The Conveyance Committee appointed in Montreal, gives the following notice to persons proposing to attend :

“The Committee has made arrangement with all the railroads and steamboats in the Province, and most of the American lines, to bring the members over for half fare. They will have to produce their letters of invitation in order to entitle them to the benefit of this arrangement.

“But the Committee think it advisable that members who intend coming to the meeting in Montreal should at once present their invitations at the head offices of the railroad in their respective localities, so as to ascertain if they will accede to the arrangement that has been so generally made. Members of the association will be in waiting at the different termini to receive the members on their arrival, and provide them with lodgings, so far as the citizens will place it in their power.

“On one evening during their stay, the members of the Association will be entertained by the faculty of McGill College.”

*Medical Department of Harvard University.*—We desire to call attention to the circular of this School, the lectures of which will begin on the first Wednesday in November. The reputation of the school is too well known to require comment from us. We will only say that the facilities offered by the faculty for the acquirement of a sound medical education were never better than at the present time, whether we consider the talent of the professors, or the advantages offered by the hospitals and other institutions whose privileges are enjoyed by the students of this college.

*Health of the City.*—Our city continues to be unusually healthy. The number of deaths by disease was only 55 last week, the chief causes being consumption (12) and scarlatina (6). There were but 2 deaths from cholera infantum. The deaths for the corresponding week of 1856 (deducting 10 casualties) was 56, of which only 3 were from consumption, 6 from scarlatina, and 9 from cholera infantum.

**CORRECTION.**—We are requested to correct an error in the notice of the prize offered by the Mass. Medical Society. Reference is made to a paper by “Dr. W. P. Gairdner,” in the Brit. and For. Med. Chir. Review for “April, 1852”; it should be *Dr. W. T. Gairdner*, and *April, 1853*.

*Communications Received.*—On Medical Education.—Domestic Treatment in Severe Cases of Disease.—On the Treatment of Acute Rheumatism.—Cases of Spasm of the Glottis.—Homœopathy; its Testimony against Itself.

*Books and Pamphlets received.*—Proceedings of the Seventy-fourth Annual Convention of the Connecticut Medical Society, May, 1857.—Transactions of the Indiana State Medical Society at its Eighth Annual Session, May 19th, 1857.—Therapeutic Cultivation; an Address delivered to the Tennessee Medical Society, April 7, 1857. By E. B. Haskins, M.D., President.

**DIED.**—In Kensington, N. H., July 7th, Dr. Jacob Williams, 70.—In Fryeburg, Me., July 18, Reuel Barrows, M.D., 66.—In New York, July 20, Gurdon Saltonstall, M.D., in his 30th year.

*Deaths in Boston* for the week ending Saturday noon, July 25th, 56. Males 24—Females, 32.—Amenorrhœa, 1—apoplexy, 1—inflammation of the bowels, 1—inflammation of the brain, 2—congestion of the brain, 2—burns, 1—cancer, 2—consumption, 12—convulsions, 4—cholera infantum, 2—croup, 1—dropsy, 1—dropsy in the head, 2—drowned, 1—debility, 1—infantile diseases, 3—typhoid fever, 1—scarlet fever, 6—disease of the heart, 2—inflammation of the lungs, 1—marasmus, 1—palsy, 1—suffocation, 1—syphilis (hereditary), 1—teething, 4—unknown, 1.

Under 5 years, 25—between 5 and 20 years, 7—between 20 and 40 years, 13—between 40 and 60 years, 6—above 60 years, 5. Born in the United States, 40—Ireland, 15.





*American Dental Convention.*—The third annual meeting of the American Dental Convention will be held in this city on Tuesday, the 4th day of August next, at 12 o'clock, M. As this convention is open to all practising dentists, it is expected that the profession will be largely represented.

*A Successful Surgical Operation.*—The following is a newspaper report of a case which should be reported in full for some medical journal. It appears in the *Middlebury (Vt.) Register*.

Some time since a boy in this vicinity fell from a tree with an open pen-knife in his hand. He struck in such a manner as to force the blade through his ear and into his head. The blade broke off, leaving an inch and a quarter of its length buried out of sight in the substance of the head. The blade eventually passed into the brain. An application to several eminent surgeons in New York and elsewhere failed to bring relief. The case was at length brought to the attention of Dr. Middleton Goldsmith, of Castleton Medical College, who lately succeeded, by a delicate operation, in removing the blade. After the removal, the brain could be distinctly felt at the bottom of the cavity. The hearing, which had been impaired, was entirely restored, and the boy is now as good as new.

*Bloodletting in Epilepsy.*—The following constitutes the whole of the report by a special committee "On the Effects of Bloodletting in Epilepsy, Convulsions, &c." It was presented to the Indiana State Medical Society, at its last meeting, by Dr. Hutchinson, chairman of the committee. No one can complain of its prolixity.

"Having examined the literature of the subject, I find that none of our recent authorities have any confidence in bloodletting as a remedy in epilepsy, but, on the contrary, an opposite mode of treatment is advised; the disease being one of debility, instead of plethora. The question being altogether a negative one, and unsuitable for a report, I wish to be discharged from further duty."

*Treatment of "Hay Fever."*—Dr. D. Lewis, of London, gives the following, in the *Lancet*, as his mode of treating this troublesome, but, fortunately, not very common disease.

"During the first stage—the congestive irritation of the mucous membrane of the nose, causing sneezing, profuse lachrymation and coryza—I give one scruple of powdered guaiacum in a cup of warm tea, on going to bed, for six successive nights; at the end of that period, all the irritation about the nose and eyes is completely removed. During the second stage, when spasmodic paroxysms of an asthmatic character supervene, I give ten drops of the tincture of lobelia in a glass of water three times a day until the symptoms are relieved. Whenever a rash is heard, a sinapism or a blister must be applied.

"By the above treatment, the disease disappears in twenty-one days, instead of two months; but in twelve months the patient must expect another visit."

*Royal Medical Benevolent College.*—The fifth anniversary festival of this valuable institution was held on Thursday se'nnight at the Freemasons' Tavern, Lord Granville in the chair. The "gathering" was most numerous and influential. The proceedings were of the most cheering and animated character. The subscriptions and donations amounted to nearly £2,500, exclusive of £1,000 from the Devon and Exeter Medical Society.—*London Lancet*, June 6th, 1857.

*Philadelphia College of Medicine.*—We are pleased to announce that this institution will, after the termination of the present year, give but one full course of lectures annually. The summer lectures will be supplementary only, and will, we understand, be restricted mainly to subjects which do not enter into the winter course. Degrees will be conferred at the termination of the winter course.—*Med. News*.

*The Semi-annual Meeting of the Medical Society of the County of Erie* was held in this city, at the rooms of the Buffalo Medical Association, on Tuesday, the 9th of June last. No subject of very great importance came before the meeting, and the session was much shorter than usual.—*Buffalo Medical Journal*.

*Jenner Monument.*—An additional subscription of £45, collected in Russia by his Excellency, Dr. Markus, has been received. Dr. Redfern, of Aberdeen, has transmitted £16, collected by himself.—*London Lancet*.











RARE

PER



